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| United States Bankruptcy Court for the:  Northern District of: Illinois (State)  Case number (if known) Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 | Fill in this information to identify your case: |                               |
|---|---|-------------------------------|
| Case number (if known) Chapter you are filing under:  Chapter 7 Chapter 11  | Northern District of: Illinois                  |                               |
| Chapter 11  | , ,   | Chapter you are filing under: |
|   |   | Chapter 11                    |

#### Official Form 101

#### **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, "Do you own a car, "the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Part 1: Identify Yourself   | Part 1: Identify Yourself  |   |  |  |  |  |  |  |
|---|----------------------------|---|--|--|--|--|--|--|
|   | About Debtor 1:            | About Debtor 2 (Spouse Only in a Joint Case): |  |  |  |  |  |  |
| Your full name  Write the name that is on                                   | Alocia<br>First name       | First name                                    |  |  |  |  |  |  |
| your government-issued picture identification (for example, your driver's   | L. Middle name Rathers     | Middle name                                   |  |  |  |  |  |  |
| license or passport   | Last name                  | Last name                                     |  |  |  |  |  |  |
| Bring your picture identification to your meeting with the trustee.         | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III)                    |  |  |  |  |  |  |
| 2. All other names you  |                            |   |  |  |  |  |  |  |
| have used in the  | First name                 | First name                                    |  |  |  |  |  |  |
| last 8 years  |                            |   |  |  |  |  |  |  |
| Include your married or   | Middle name                | Middle name                                   |  |  |  |  |  |  |
| maiden names.   | Last name                  | Last name                                     |  |  |  |  |  |  |
|   | First name                 | First name                                    |  |  |  |  |  |  |
|   | Middle name                | Middle name                                   |  |  |  |  |  |  |
|   | Last name                  | Last name                                     |  |  |  |  |  |  |
| 3. Only the last 4  | xxx - xx- <u>4446</u>      | xxx - xx-                                     |  |  |  |  |  |  |
| digits of your<br>Social Security   | OR                         | OR  |  |  |  |  |  |  |
| number or federal<br>Individual Taxpayer<br>Identification<br>number (ITIN) | 9 xx - xx-                 | 9 xx - xx-                                    |  |  |  |  |  |  |
|   |                            |   |  |  |  |  |  |  |

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| De | ebtor 1 Alocia  | L.   | Rathers                    | Case number (if ki | nown)  |                        |
|----|---|--|----------------------------|--------------------|--|------------------------|
|    | First Name  | Middle Name  | Last Name                  |                    |  |                        |
|    |   | About Debtor 1:  |                            | About Deb          | tor 2 (Spouse Only                                   | in a Joint Case):      |
| 4. | Any business names and Employer                         | ✓ I have not used any business n   | names or EINs.             | I have no          | ot used any business nam                             | es or EINs.            |
|    | Identification<br>Numbers (EIN) you<br>have used in the | Business name  |                            | Business na        | ame  |                        |
|    | last 8 years  | Business name  |                            | Business na        | ame  |                        |
|    | Include trade names and doing business as names         | EIN  |                            | EIN                |  |                        |
|    |   | EIN  |                            | EIN                |  |                        |
| 5. | Where you live  |  |                            | If Debtor 2 li     | ives at a different addre                            | ess:                   |
|    |   | 1815 W Monroe St Apt 7d<br>Number Street   |                            | Number             | Street   |                        |
|    |   | Chicago Illinois   | 60612                      |                    |  |                        |
|    |   | City State   | Zip Code                   | City               | State  | Zip Code               |
|    |   | Cook<br>County   |                            | County             |  |                        |
|    |   | If your mailing address is differe fill it in here. Note that the court will this mailing address. |                            |                    | mailing address is diffe that the court will send an |                        |
|    |   | Number Street  |                            | Number             | Street   |                        |
|    |   | City State   | Zip Code                   | City               | State  | Zip Code               |
| _  | Why you are   | Oily Oilaic  | Zip code                   | City               | State  | Zip Code               |
| 0. | Why you are choosing this                               | Check one:   |                            | Check one:         |  |                        |
|    | district to file for bankruptcy                         | Over the last 180 days before lived in this district longer than                                   |                            |                    | last 180 days before filing                          |                        |
|    |   | I have another reason. Explain   | . (See 28 U.S.C. §§ 1408.) | I have ar          | nother reason. Explain. (S                           | ee 28 U.S.C. §§ 1408.) |
|    |   |  |                            |                    |  |                        |
|    |   |  |                            |                    |  |                        |
|    |   |  |                            |                    |  |                        |
|    |   |  |                            |                    |  |                        |
|    |   |  |                            |                    |  |                        |

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| De  | Potor 1 Alocia First Name   | L.<br>Middle Name   | Rathe<br>Last N  |  | Case number (if know   | <u>(n)</u>   |
|-----|---|---|--|--|--|--|
| Pa  | rt 2: Tell the Court Ab   |   |  | ame  |  |  |
| 7.  | The chapter of the<br>Bankruptcy Code<br>you are choosing to<br>file under  |   |  | n, see <i>Notice Required I</i><br>check the appropriate bo  |  | (b) for Individuals Filing for Bankruptcy (Form  |
| 8.  | How you will pay<br>the fee   | court for more may pay with on your behalf of your | re details about he cash, cashier's cash, cashier's cash, your attorney record to the fee in instance of the fee in instance of the fee be waiting the fee be waiting the fee in instance of the fee be waiting the fee be waiting of the official particular in the fee in instance of the fee in instanc | ow you may pay. To check, or money on may pay with a creatilements. If you che fee in Installments (red (You may requited to, waive poverty line that appropriate the content of the conte | ypically, if you rder If your a dit card or checoose this option Official Form 10 est this option of your fee, and oplies to your fan, you must fill of the results. | only if you are filing for Chapter 7. may do so only if your income is amily size and you are unable to pay but the <i>Application to Have the</i> |
| 9.  | Have you filed for bankruptcy within the last 8 years?  | ✓ No.  Yes. District  District  District  |  | When When When   | MM / DD / YYYY  MM / DD / YYYY  MM / DD / YYYY   | Case number  Case number  Case number  |
| 10. | Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ✓ No.  Yes. Debtor  District  Debtor  District  |  | When When  | MM / DD / YYYY   | Relationship to you  Case number, if known  Relationship to you  Case number, if known   |
| 11. | Do you rent your residence?   | ✓ No.   | landlord obtained an e   | nt About an Eviction Jud   |  | nt to stay in your residence?<br>(Form 101A) and file it with  |

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| Debtor 1 Alocia  |        | L.                 | do Nomo  | Rathers  | Case number (if k          | (nown)        |          |
|--|--------|--------------------|--|--|----------------------------|---------------|----------|
|  | B      |                    |  |  |                            |               |          |
| Part 3: Report About Any  12. Are you a sole proprietor of any full- or part-time business?  A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.  If you have more  | y Bus  | No.                | Go to Part 4.  Name and location of business, if an Number  City | Last Name  Sole Proprieto  pusiness  |                            | Zip Code      |          |
| than one sole proprietorship, use a separate sheet and attach it to this petition.   | e a    |                    | Health Care Bu Single Asset Re Stockbroker (as Commodity Bro     | Check the appropriate box to describe your business:  Health Care Business (as defined in 11 U.S.C. § 101(27A))  Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  Stockbroker (as defined in 11 U.S.C. § 101(53A))  Commodity Broker (as defined in 11 U.S.C. § 101(6))  None of the above |                            |               |          |
| 13. Are you filing under  Chapter 11 of the Bankruptcy Code and are you a small business debtor?  If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it complete that you are a small business debtor, you must attach your most recent balance she operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, for under you are a small business debtor, you must attach your most recent balance she operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, for under you are a small business debtor so that it completely a small business debtor, you must attach your most recent balance she operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, for under your most recent balance she operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, for under your most recent balance she operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, for under your most recent balance she operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, for under your most recent balance she operations. |        |                    |  | e sheet, statement of  |                            |               |          |
| For a definition of small business debtor, see 11 U.S.C. § 101(51D).   |        | No.<br>No.<br>Yes. | Bankruptcy Code.   | ter 11, but I am NO  | OT a small business debtor |               |          |
| Part 4: Report if You Ow   | n or l | Have A             | Any Hazardous Pro  | operty or Any  | Property That Need         | s Immediate A | ttention |
| 14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard  |        |                    | What is the hazard?  If immediate attention is:                  | needed, why is it n  | eeded?                     |               |          |
| to public health or safety? Or do you own any property that needs immediate attention?   |        |                    | Where is the property?   | Number   | Street                     |               |          |
| For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?  |        |                    |  | City   | State                      |               | Zip Code |

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| Debtor 1 Alocia L. Rathers Case number (if known) |          |        |    |         |  |
|---|----------|--------|----|---------|--|
|   | Debtor 1 | Alocia | L. | Rathers |  |

#### First Name Middle Name Last Name Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling **About Debtor 1:** About Debtor 2 (Spouse Only in a Joint Case): You must check one: You must check one: 15. Tell the court whether you have I received a briefing from an approved credit I received a briefing from an approved credit received briefing counseling agency within the 180 days before I filed counseling agency within the 180 days before I filed about credit this bankruptcy petition, and I received a certificate of this bankruptcy petition, and I received a certificate of counseling. completion. completion. Attach a copy of the certificate and the payment plan, if any, Attach a copy of the certificate and the payment plan, if any, The law requires that that you developed with the agency. that you developed with the agency. you receive a briefing about credit I received a briefing from an approved credit I received a briefing from an approved credit counseling agency within the 180 days before I filed counseling agency within the 180 days before I filed counseling before this bankruptcy petition, but I do not have a this bankruptcy petition, but I do not have a you file for certificate of completion. certificate of completion. bankruptcy. You must truthfully check Within 14 days after you file this bankruptcy petition, Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment one of the following you MUST file a copy of the certificate and payment plan, if any. plan, if any. choices. If you cannot do so, you are I certify that I asked for credit counseling services I certify that I asked for credit counseling services not eligible to file. from an approved agency, but was unable to obtain from an approved agency, but was unable to obtain those services during the 7 days after I made my those services during the 7 days after I made my If you file anyway, request, and exigent circumstances merit a 30-day request, and exigent circumstances merit a 30-day temporary waiver of the requirement. temporary waiver of the requirement. the court can dismiss your case, you will To ask for a 30-day temporary waiver of the requirement, To ask for a 30-day temporary waiver of the requirement, lose whatever filing attach a separate sheet explaining what efforts you made to attach a separate sheet explaining what efforts you made to fee you paid, and obtain the briefing, why you were unable to obtain it before obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances you filed for bankruptcy, and what exigent circumstances your creditors can required you to file this case. required you to file this case. begin collection activities again. Your case may be dismissed if the court is dissatisfied with Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for your reasons for not receiving a briefing before you filed for bankruptcy. bankruptcy. If the court is satisfied with your reasons, you must still If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, the payment plan you developed, if any. If you do not do so, your case may be dismissed. your case may be dismissed. Any extension of the 30-day deadline is granted only for Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. cause and is limited to a maximum of 15 days. I am not required to receive a briefing about credit I am not required to receive a briefing about credit counseling because of: counseling because of: Incapacity. I have a mental illness or a mental Incapacity. I have a mental illness or a mental deficiency that makes me incapable of deficiency that makes me incapable of realizing or making rational decisions realizing or making rational decisions about finances. Disability. My physical disability causes me to be Disability. My physical disability causes me to be unable to participate in a briefing in unable to participate in a briefing in person, by phone, or through the person, by phone, or through the internet, even after I reasonably tried internet, even after I reasonably tried to do so. to do so. Active duty. Active duty. I am currently on active military duty in I am currently on active military duty in a military combat zone. a military combat zone. If you believe you are not required to receive a briefing If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of about credit counseling, you must file a motion for waiver of

credit counseling with the court.

credit counseling with the court.

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| Debtor 1 Alocia First Name  |   | Rathers C Last Name  | ase number (if known)   |  |  |  |
|---|---|--|---|--|--|--|
|   | estions for Reporting Purpo   |  |   |  |  |  |
| 16. What kind of debts<br>do you have?  | <ul> <li>16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."  No. Go to line 16b.  Yes. Go to line 17.</li> <li>16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.  No. Go to line 16c.  Yes. Go to line 17.</li> <li>16c. State the type of debts you owe that are not consumer debts or business debts.</li> </ul> |  |   |  |  |  |
| 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | nate that   |  |   |  |  |  |
| 18. How many creditors do you estimate that you owe?  | ✓ 1-49<br>☐ 50-99<br>☐ 100-199<br>☐ 200-999   | 1,000-5,000<br>5,001-10,000<br>10,001-25,000   | □ 5   | 25,001-50,000<br>50,001-100,000<br>More than 100,000   |  |  |
| 19. How much do you estimate your assets to be worth?   | \$0-\$50,000<br>\$50,001-\$100,000<br>\$100,001-\$500,000<br>\$500,001-\$1 million  | \$1,000,001-\$1<br>\$10,000,001-\$<br>\$50,000,001-\$<br>\$100,000,001-  | 50 million  | 5500,000,001-\$1 billion<br>61,000,000,001-\$10 billion<br>610,000,000,001-\$50 billion<br>More than \$50 billion  |  |  |
| 20. How much do you<br>estimate your<br>liabilities to be?  | \$0-\$50,000<br>\$50,001-\$100,000<br>\$100,001-\$500,000<br>\$500,001-\$1 million  | \$1,000,001-\$1<br>\$10,000,001-\$<br>\$50,000,001-\$<br>\$100,000,001-\$  | 50 million  | \$500,000,001-\$1 billion<br>\$1,000,000,001-\$10 billion<br>\$10,000,000,001-\$50 billion<br>More than \$50 billion   |  |  |
| For you   | I have examined this petition, and correct.  If I have chosen to file under to 11,12, or 13 of title 11, United choose to proceed under Chap If no attorney represents me ame fill out this document, I had I request relief in accordance I understand making a false structure connection with a bankruptcy years, or both. 18 U.S.C. §§ 1  /s/ Alocia Rathers Signature of Debtor 1  Executed on 9/23/2016   | Chapter 7, I am aware to States Code. I understanter 7.  and I did not pay or agree obtained and read the with the chapter of title tatement, concealing procase can result in fines | that I may proceed, if eand the relief available ee to pay someone where notice required by 1° 11, United States Code operty, or obtaining more up to \$250,000, or imp | eligible, under Chapter 7,<br>under each chapter, and I<br>o is not an attorney to help<br>1 U.S.C. § 342(b).<br>e, specified in this petition.<br>oney or property by fraud in<br>prisonment for up to 20 |  |  |

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| Debtor 1 Alocia   | L.   | Rathers  | Case number (  | (if known)  |
|---|--|--|--|---|
| First Name  | Middle Name  | Last Name  |  |   |
| For your attorney, if you are represented by one  If you are not represented by an attorney, you do not | eligibility to proceed un<br>the relief available und<br>to the debtor(s) the not<br>certify that I have no ke<br>petition is incorrect. | der Chapter 7, 11, 12, o<br>er each chapter for whic<br>ice required by 11 U.S.C | r 13 of title 11, U<br>ch the person is e<br>c. § 342(b) and, in | hat I have informed the debtor(s) about nited States Code, and have explained eligible. I also certify that I have delivered in a case in which § 707(b)(4)(D) applies, ation in the schedules filed with the |
| need to file this page.   | /s/ Corey Walters  |  | Date   | 9/23/2016   |
|   | Signature of Attorney f  | or Debtor  |  | MM / DD / YYYY  |
|   | Corey Walters Printed name  Semrad Law Firm Firm name  20 S. Clark Street Street  28th Floor   |  |  |   |
|   | Chicago  | IIIi   | nois   | 60603   |
|   | City   |  | ate  | Zip Code  |
|   | Contact phone  |  | Email address  | cwalters@semradlaw.com  |
|   | Bar number   |  | State  | <u> </u>  |

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| Fill in this information to identify your case: |                           |             |                             |  |  |  |
|---|---------------------------|-------------|-----------------------------|--|--|--|
| Debtor 1  | Alocia                    | L.          | Rathers                     |  |  |  |
|   | First Name                | Middle Name | Last Name                   |  |  |  |
| Debtor 2  |                           |             |                             |  |  |  |
| (Spouse, if fili                                | ng) First Name            | Middle Name | Last Name                   |  |  |  |
| United States                                   | Bankruptcy Court for the: | Northern    | District of Illinois(State) |  |  |  |
| Case number (If known)                          |                           |             | (State)                     |  |  |  |

| Check if this is ar |
|---------------------|
| amended filing      |

12/15

#### Official Form 106Sum

#### **Summary of Your Assets and Liabilities and Certain Statistical Information**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

| Part 1: Summarize Your Assets  |   |
|--|---|
|  | <b>Your assets</b><br>Value of what you own |
| 1. Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B   | \$0.00                                      |
| 1b. Copy line 62, Total personal property, from Schedule A/B   | \$4,423.00                                  |
| 1c. Copy line 63, Total of all property on Schedule A/B  | \$4,423.00                                  |
| Part 2: Summarize Your Liabilities   |   |
|  | Your liabilities<br>Amount you owe          |
| <ol> <li>Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)</li> <li>Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D</li> </ol> | \$16,423.00                                 |
| 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F  | \$0.00                                      |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | \$90,790.00                                 |
| Your total liabilities   | \$107,213.00                                |
| Part 3: Summarize Your Income and Expenses   |   |
| 4. Schedule I: Your Income (Official Form 106I)  Copy your combined monthly income from line 12 of Schedule I  | \$1,546.32                                  |
| Schedule J: Your Expenses (Official Form 106J)  Copy your monthly expenses from line 22, Column A, of Schedule J   | \$1,306.00                                  |
|  |   |

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| Deb           | tor 1  | Alocia   | L.                      | Rathers   | Case n             | umber (if known)           |            |  |  |  |
|---------------|--|--|-------------------------|---|--------------------|----------------------------|------------|--|--|--|
|               |  | First Name   | Middle Name             | Last Name   | _                  |                            |            |  |  |  |
| Part          | 4: /   | Answer These Question                                      | ons for Administ        | rative and Statistical R  | ecords             |                            |            |  |  |  |
| 6. <b>A</b> ı | re yo  | u filing for bankruptcy und                                | er Chapters 7, 11, or   | 13?   |                    |                            |            |  |  |  |
| Г             | No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. |  |                         |   |                    |                            |            |  |  |  |
| Ī,            | ✓ Yes.   |  |                         |   |                    |                            |            |  |  |  |
|               |  |  |                         |   |                    |                            |            |  |  |  |
| 7. <b>W</b>   | hat k  | ind of debt do you have?                                   |                         |   |                    |                            |            |  |  |  |
| Ŀ             | _  |  |                         | mer debts are those incurred b<br>out lines 8-10 for statistical pu | ,                  | , ,                        |            |  |  |  |
|               |  | our debts are not primarily is form to the court with your |                         | u have nothing to report on this                                    | s part of the form | n. Check this box and subm | it         |  |  |  |
|               |  | the Statement of Your Cu<br>122A-1 Line 11; OR, Form 12    | •                       | ne: Copy your total current mo<br>1 122C-1 Line 14.                 | nthly income fro   | m Official                 | \$1,672.02 |  |  |  |
| 9.            | Сор  | y the following special cat                                | egories of claims fro   | m Part 4, line 6 of Schedule  | E/F:               |                            |            |  |  |  |
|               | Fror   | n Part 4 on Schedule E/F, o                                | copy the following:     |   | Total claim        |                            |            |  |  |  |
|               | 9a. [  | Domestic support obligations                               | (Copy line 6a.)         |   |                    | \$0.00                     |            |  |  |  |
|               | 9b. T  | axes and certain other debts                               | you owe the governme    | ent. (Copy line 6b.)  |                    | \$0.00                     |            |  |  |  |
|               | 9c. C  | Claims for death or personal i                             | njury while you were in | ntoxicated. (Copy line 6c.)   |                    | \$0.00                     |            |  |  |  |
|               | 9d. S  | Student loans. (Copy line 6f.)                             |                         |   |                    | \$61,522.00                |            |  |  |  |
|               | 9e. C  | Obligations arising out of a se                            | paration agreement or   | \$0.00  |                    |                            |            |  |  |  |
|               | prior  | ity claims. (Copy line 6g.)                                |                         |   |                    |                            |            |  |  |  |
|               | 9f. D  | ebts to pension or profit-sha                              | ring plans, and other s | imilar debts. (Copy line 6h.)                                       |                    | \$0.00                     |            |  |  |  |
|               | 9a. T  | <b>Fotal.</b> Add lines 9a through 9                       | f.                      |   | Ī                  | \$61 522 00                |            |  |  |  |

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| Fill in this in          | nformation to identify your case:  |  |   |  |  |
|--------------------------|--|--|---|--|--|
| Debtor 1                 | Alocia   | 1  | Rathers   |  |  |
| Bostor 1                 | First Name   | Middle Nan   |   |  |  |
| Debtor 2                 |  |  |   |  |  |
| (Spouse, if              | filing) First Name   | Middle Nar   | ne Last Name  |  |  |
| United Stat              | too Ponkriptov Court for the   | Jorthorn   | District of Illinois  |  |  |
| United State             | tes Bankruptcy Court for the:  | Northern   | District of Illinois (State)  |  |  |
| Case numb                | ber  |  | (Claic)   |  |  |
| (If known)               |  |  |   |  |  |
| Officia                  | l Form 106A/B  |  |   |  | Check if this is an amended filing   |
| Sched                    | dule A/B: Proper   | ty   |   |  | 12/  |
| responsible write your r | e for supplying correct inform<br>name and case number (if know<br>Describe Each Residence | ation. İf more spa<br>wn). Answer every<br>e, Building, La | nd, or Other Real Estate You Ov   | this form. On the top of any a   |  |
|                          | own or have any legal or equit<br>No. Go to Part 2   | table interest in ar                                       | ny residence, building, land, or similar pr   | operty?  |  |
|                          | Yes. Where is the property?  |  |   |  |  |
|                          | Street address, if available, or ot  |  | What is the property? Check all that apply.  Single-family home  Duplex or multi-unit building  Condominium or cooperative  Manufactured or mobile home  Land | the amount of any secure Creditors Who Have Cla  Current value of the entire property? | laims or exemptions. Put ad claims on Schedule D: nims Secured by Property.  Current value of the portion you own? |
|                          | City State   | Zip Code   | Investment property Timeshare Other   | Describe the nature of<br>interest (such as fee si<br>the entireties, or a life        | mple, tenancy by   |
|                          |  | ·  | Who has an interest in the property? Chene. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another                    |  | mmunity property   |
|                          |  |  | roperty identification number:  | ,  |  |
| 12                       | wwn or have more than one, list her Street address, if available, or ot                    | v<br>F   | What is the property? Check all that apply.  Single-family home  Duplex or multi-unit building  | the amount of any secure   | laims or exemptions. Put<br>ed claims on <i>Schedule D:</i><br>nims Secured by Property.                           |
|                          |  | إ  | Condominium or cooperative  | Current value of the entire property?  | Current value of the portion you own?  |

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Debtor 1 and Debtor 2 only

property identification number:

Manufactured or mobile home

Who has an interest in the property? Check

At least one of the debtors and another

Other information you wish to add about this item, such as local

Investment property

Land

Timeshare Other \_\_\_\_

Debtor 1 only Debtor 2 only

Number

City

Street

State

Zip Code

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Check if this is community property (see instructions)

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| Debtor              | 1 Alocia<br>First Name                                      | L.<br>Middle Name                                       | Rathers<br>Last Name   | Case number | (if known)  |   |
|---------------------|---|---|--|-------------|---|---|
| _                   | treet address, if available, or of                          |   | What is the property? Check all that app Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land  | oly.        | Do not deduct secured of the amount of any secure Creditors Who Have Clat Current value of the entire property? | •   |
| _                   | umber Street<br>ity State                                   | Zip Code  | Investment property Timeshare Other  |             | Describe the nature of interest (such as fee si the entireties, or a life                                       | mple, tenancy by  |
|                     |   |   | Who has an interest in the property? ( Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another other information you wish to add aborroperty identification number: | -           | Check if this is con (see instructions)   | mmunity property  |
|                     |   | tion you own for al                                     | Il of your entries from Part 1, includir   |             |   |   |
| you own<br>3. Cars, |   | <b>equitable interest in</b><br>u lease a vehicle, also | n any vehicles, whether they are regis<br>o report it on Schedule G: Executory Con<br>cles   |             |   |   |
| 3.                  | 1 Make<br>Model:<br>Year:                                   | Dodge<br>Stratus<br>2004                                | Who has an interest in the proper one.  Debtor 1 only  | ty? Check   | the amount of any secure  | laims or exemptions. Put<br>ed claims on <i>Schedule D:</i><br>aims Secured by Property.                            |
|                     | Approximate mileage: Other information: 2004 Dodge Stratus  | 180000  | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and and Check if this is community proinstructions)   |             | Current value of the entire property?<br>\$2000.00  | Current value of the portion you own? \$2000.00   |
| 3.                  | 2 Make Model: Year: Approximate mileage: Other information: |   | Who has an interest in the proper one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and and   | other       | the amount of any secure  | laims or exemptions. Put and claims on Schedule D: aims Secured by Property.  Current value of the portion you own? |
|                     |   |   | instructions)  | \           |   |   |

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| Debtor 1           | Alocia<br>First Name  | L.<br>Middle Name    | Rathers<br>Last Name  | Case number (                        | if known)   |   |
|--------------------|---|----------------------|---|--------------------------------------|---|---|
| 3.3                | Make Model: Year: Approximate mileage: Other information:                               |                      | Who has an interest in the prone.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors ar Check if this is community instructions)   | nd another                           | the amount of any secu  | claims or exemptions. Put red claims on <i>Schedule D:</i> claims Secured by Property.  Current value of the portion you own? |
| 3.4<br>4 <b>Wa</b> | Make Model: Year: Approximate mileage: Other information: ercraft, aircraft, motor home | es, ATVs and other   | Who has an interest in the prone.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors ar Check if this is community instructions)   | nd another<br>y <b>property</b> (see | the amount of any secu Creditors Who Have C Current value of the entire property? | claims or exemptions. Put red claims on <i>Schedule D:</i> claims Secured by Property.  Current value of the portion you own? |
| Exa  ✓             | mples: Boats, trailers, motors,  <br>No<br>Yes  | personal watercraft, | fishing vessels, snowmobiles, mo  | torcycle accessories                 | <b>.</b>  |   |
| 4.1                | Make Model: Year: Approximate mileage: Other information:                               |                      | Who has an interest in the prone.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors ar  | nd another                           | the amount of any secu  | claims or exemptions. Put red claims on <i>Schedule D:</i> laims Secured by Property.  Current value of the portion you own?  |
| 4.2                | Make Model: Year: Approximate mileage: Other information:                               |                      | <ul> <li>Check if this is community instructions)</li> <li>Who has an interest in the prone.</li> <li>□ Debtor 1 only</li> <li>□ Debtor 2 only</li> <li>□ Debtor 1 and Debtor 2 only</li> <li>□ At least one of the debtors ar</li> </ul> | operty? Check                        | the amount of any secu  | claims or exemptions. Put red claims on <i>Schedule D:</i> laims Secured by Property.  Current value of the portion you own?  |
|                    |   |                      | Check if this is community instructions)  |                                      |   |   |

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| De       | ebtor 1         |                                |  | L.                      | Rathers  | Case number (if known)   |  |
|----------|-----------------|--------------------------------|--|-------------------------|--|--|--|
|          |                 | First Name                     |  | Middle Name             | Last Name  |  |  |
| Pa       | art 3:          | Describe '                     | Your Personal a  | and Household           | Items  |  |  |
| D        | o you           | ı own or h                     | ave any legal o  | r equitable inte        | rest in any of the                                   | following items?   | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
|          |                 |                                | s and furnishings<br>oliances, furniture, lin                        | nens, china, kitchenwa  | are  |  |  |
| <b>✓</b> |                 | Describe                       | used furniture   |                         |  |  | \$100.00   |
|          |                 | ronics<br>les: Television      | ns and radios; audio,  | video, stereo, and diç  | gital equipment; comput                              | ters, printers, scanners; music  |  |
|          | No              | - "                            |  |                         |  |  |  |
| ✓        | Yes. I          | Describe                       | used electronics   |                         |  |  | \$600.00   |
|          |                 | •                              | and figurines; painting  | •                       | rtwork; books, pictures,<br>lections, memorabilia, c | The state of the s |  |
| ✓        | No              |                                |  |                         |  |  | _  |
|          | Yes. I          | Describe                       |  |                         |  |  |  |
|          | •               | les: Sports, pl                | ports and hobbies<br>hotographic, exercise<br>ks; carpentry tools; m | •                       | uipment; bicycles, pool                              | tables, golf clubs, skis; canoes   |  |
| <b>✓</b> | No              |                                |  |                         |  |  |  |
|          | Yes. I          | Describe                       |  |                         |  |  |  |
|          | No              |                                | fles, shotguns, ammi   | unition, and related ed | quipment   |  |  |
| Г        |                 | 200020                         |  |                         |  |  |  |
|          |                 |                                | clothes, furs, leather   | r coats, designer wea   | r, shoes, accessories                                |  |  |
| Н        | No              | - "                            |  |                         |  |  |  |
| ⊻        | Yes. I          | Describe                       | used clothing  |                         |  |  | \$300.00   |
|          | 2. Jew<br>Examp |                                |  | elry, engagement rinç   | gs, wedding rings, heirlo                            | oom jewelry, watches, gems,  |  |
| Ħ        |                 | Describe                       |  |                         |  |  |  |
|          | -               | n-farm anima<br>bles: Dogs, ca | Is<br>ts, birds, horses  |                         |  |  |  |
| ✓        | No              |                                |  |                         |  |  |  |
|          | Yes. [          | Describe                       |  |                         |  |  |  |
|          | -               | other perso                    | nal and household  | items you did not a     | lready list, including a                             | any health aids you did not list   | _  |
| 범        | No<br>Voc 1     | Describe                       |  |                         |  |  |  |
| 닏        | ies. I          | ) 500 IDE                      |  |                         |  |  |  |
|          |                 |                                |  |                         | ncluding any entries f                               | for pages you have attached  | \$1000.00  |

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| Debt | tor 1         | Alocia<br>First Name                         | L.<br>Middle Name  | Rathers<br>Last Name         | Case number (if known)  |  |
|------|---------------|--|--|------------------------------|---|--|
| Part | <u>4</u> ·    |  | Financial Assets   | Last Name                    |   |  |
|      |               |  | ny legal or equitable into   | erest in any of the f        | ollowing?   | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
|      | Cash<br>Examp |  | in your wallet, in your home, in a   | safe deposit box, and on ha  | and when you file your petition                               | or exemptions.   |
| 17.  | Exa           | oosits of money<br>mples: Checking, sav      | vings, or other financial accounts; itutions. If you have multiple acco                | certificates of deposit; sha | Cash:ares in credit unions, brokerage houses, ion, list each. |  |
|      | ✓             | No<br>Yes                                    |  | Institution name:            |   |  |
|      |               |  | 17.1. Checking account:  | Wex Bank                     |   | \$373.00   |
|      |               |  | 17.2. Checking account:  |                              |   |  |
|      |               |  | 17.3. Savings account:   |                              |   |  |
|      |               |  | 17.4. Savings account:   |                              |   |  |
|      |               |  | 17.5. Certificates of deposit:   |                              |   |  |
|      |               |  | 17.6. Other financial account:   |                              |   |  |
|      |               |  | 17.7. Other financial account:   |                              |   |  |
|      |               |  | 17.8. Other financial account:   |                              |   |  |
|      |               |  | 17.9. Other financial account:   | _                            |   |  |
| 18.  |               |  | or publicly traded stocks vestment accounts with brokerage Institution or issuer name: | e firms, money market acco   | punts   |  |
| 19.  |               | n-publicly traded sto<br>LLC, partnership, a |  | ted and unincorporated       | businesses, including an interest in                          |  |
|      | <b>✓</b>      | No Yes. Give specific information about them | Name of entity   |                              | % of ownership:   |  |
|      |               |  |  |                              |   |  |

Official Form 106A/B Schedule A/B: Property page 5

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| Deb | tor 1      | Alocia                                       | L.   | Rathers                          | Case number (if known)                |               |
|-----|------------|--|--|----------------------------------|---------------------------------------|---------------|
|     |            | First Name                                   | Middle Name  | Last Name                        |                                       |               |
| 20. | Neg<br>Nor | otiable instruments ir                       | orate bonds and other negotianclude personal checks, cashiers' nts are those you cannot transfer | checks, promissory notes, a      | and money orders.                     |               |
|     |            | Yes. Give specific information about them    | Issuer name:   |                                  |                                       |               |
|     |            |  |  |                                  |                                       |               |
| 21. |            | irement or pension<br>mples: Interests in IR |  | , thrift savings accounts, or    | other pension or profit-sharing plans |               |
|     | <b>✓</b>   | No   |  |                                  |                                       |               |
|     |            | Yes. List each account                       | Type of account: 401(k) or similar plan:   | Institution name:                |                                       |               |
|     |            | separately.                                  | .,   |                                  |                                       |               |
|     |            |  | Pension plan: IRA:   |                                  |                                       |               |
|     |            |  | Retirement account:  |                                  |                                       |               |
|     |            |  | Keogh:   |                                  |                                       | . ———         |
|     |            |  | Additional account:  |                                  |                                       |               |
|     |            |  | Additional account:  |                                  |                                       |               |
| 22. | You<br>Exa |  | orepayments<br>deposits you have made so that yo<br>with landlords, prepaid rent, public         |                                  |                                       |               |
|     | <b>✓</b>   | No   |  | Institution name:                |                                       |               |
|     |            | Yes  | Electric:  |                                  |                                       |               |
|     |            |  | Gas:   |                                  |                                       |               |
|     |            |  | Heating oil:   |                                  |                                       |               |
|     |            |  | Security deposit on rental unit:   |                                  |                                       |               |
|     |            |  | Prepaid rent:  |                                  |                                       |               |
|     |            |  | Telephone:   |                                  |                                       |               |
|     |            |  | Water:   |                                  |                                       | · <del></del> |
|     |            |  | Rented furniture:  |                                  |                                       |               |
|     |            |  | Other:   |                                  |                                       |               |
| 23. |            | •  | a periodic payment of money to y   | ou, either for life or for a nur | nber of years)                        |               |
|     |            | No<br>Yes                                    | Issuer name and description:   |                                  |                                       |               |
|     |            |  |  |                                  |                                       |               |
|     |            |  |  |                                  |                                       |               |

Official Form 106A/B Schedule A/B: Property page 6

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| Debte | or 1 Alocia First Name   | L.<br>Middle Name   | Rathers<br>Last Name      | Case number (if known)  |   |
|-------|--|---|---------------------------|---|---|
| 24.   | Interests in an  | education IRA, in an account in a qualified   |                           | nder a qualified state tuition program  |   |
|       | <b>✓</b> No  | o(b)(1), 529A(b), and 529(b)(1). stitution name and description. Separately file the                      | ne records of any intere  | sts.11 U.S.C. § 521(c):   |   |
|       | _  |   |                           |   |   |
| O.E.  |  | le au future intercete in manager, /ethau the   | n anything listed in li-  | as 4) and rights or payors  |   |
| 25.   | exercisable for  | le or future interests in property (other that<br>your benefit  | n anything iisted iii iii | ie 1), and rights of powers   |   |
|       | ✓ No  Yes. Descri  | e   |                           |   |   |
| 26.   |  | ghts, trademarks, trade secrets, and other in the domain names, websites, proceeds from royal trademarks. |                           | pements   |   |
|       | ✓ No  Yes. Descri  | e   |                           |   |   |
| 27.   |  | hises, and other general intangibles ng permits, exclusive licenses, cooperative ass                      | sociation holdings, liquo | or licenses, professional licenses  | 1   |
|       | ✓ No  Yes. Descri  | ie  |                           |   |   |
|       |  |   |                           |   | •   |
| Mon   | iey or proper  | ty owed to you?   |                           |   | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28.   | Tax refunds ow   | d to you  |                           |   | ·   |
|       | <b>✓</b> No  |   |                           | Follows   | <b>#</b> 0.00   |
|       | Yes, Give sp   | ecific information  |                           | Federal:  | \$0.00  |
|       | about t  | nem, including whether  |                           | <b>a.</b> .   | <b>4</b> 0.00   |
|       | about t  |   |                           | State:  | \$0.00  |
|       | about to you alroand the   | nem, including whether lady filed the returns tax years   |                           | Local:  | \$0.00<br>\$0.00  |
|       | about the you almost and the samples: Past d   | nem, including whether ready filed the returns  | support, maintenance, d   | Local:  |   |
|       | about to you alrow and the samples: Past do  | nem, including whether ready filed the returns tax years  | support, maintenance, d   | Local:  |   |
|       | about to you alrow and the samples: Past do  | nem, including whether lady filed the returns tax years   | support, maintenance, d   | Local: ivorce settlement, property settlement   | \$0.00  |
|       | about to you alrow and the samples: Past do  | nem, including whether ready filed the returns tax years  | support, maintenance, d   | Local: ivorce settlement, property settlement Alimony:  | \$0.00<br>\$0.00  |
|       | about to you alrow and the samples: Past do  | nem, including whether ready filed the returns tax years  | support, maintenance, c   | Local: livorce settlement, property settlement  Alimony:  Maintenance:  | \$0.00<br>\$0.00<br>\$0.00  |
|       | about the you alread and the samples: Past description of the samples and the  | nem, including whether ready filed the returns tax years  | support, maintenance, c   | Local:  livorce settlement, property settlement  Alimony:  Maintenance:  Support:   | \$0.00<br>\$0.00<br>\$0.00  |
| 30.   | about to you alrow and the seamples: Past do Yes. Give spoots of the seamples: Other amounts Examples: Unpair  | nem, including whether ready filed the returns tax years  | y benefits, sick pay, vac | Local: livorce settlement, property settlement  Alimony:  Maintenance:  Support:  Divorce settlement:  Property settlement: | \$0.00<br>\$0.00<br>\$0.00<br>\$0.00  |
| 30.   | about to you alrow and the seamples: Past do Yes. Give spoots of the seamples: Other amounts Examples: Unpair  | nem, including whether leady filed the returns tax years  | y benefits, sick pay, vac | Local: livorce settlement, property settlement  Alimony:  Maintenance:  Support:  Divorce settlement:  Property settlement: | \$0.00<br>\$0.00<br>\$0.00<br>\$0.00  |
| 30.   | about to you alrow and the second | nem, including whether leady filed the returns tax years  | y benefits, sick pay, vac | Local: livorce settlement, property settlement  Alimony:  Maintenance:  Support:  Divorce settlement:  Property settlement: | \$0.00<br>\$0.00<br>\$0.00<br>\$0.00  |

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| Deb  | tor 1 Alocia  | L.                  | Rathers                          | Case number (if known)                          | _  |
|------|---|---------------------|----------------------------------|---|--|
|      | First Name  | Middle Name         | Last Name                        |   |  |
| 31.  | Interests in insurance policies  Examples: Health, disability, or life in   | surance; health sa  | avings account (HSA); credit, h  | omeowner's, or renter's insurance               |  |
|      | ✓ No  Yes. Name the insurance compared of each policy and list its value  | any                 | npany name:                      | Beneficiary:                                    | Surrender or refund value:   |
| 32.  | Any interest in property that is du If you are the beneficiary of a living to property because someone has died  No | rust, expect procee |                                  | or are currently entitled to receive            |  |
|      | Yes. Describe   |                     |                                  |   |  |
| 33.  | Claims against third parties, whe<br>Examples: Accidents, employment of   |                     |                                  | demand for payment                              |  |
|      | ✓ No  Yes. Describe   |                     |                                  |   |  |
| 34.  | Other contingent and unliquidate to set off claims  | ed claims of ever   | ry nature, including counterd    | claims of the debtor and rights                 |  |
|      | ✓ No  Yes. Describe   |                     |                                  |   |  |
| 35.  | Any financial assets you did not a  | Iready list         |                                  |   |  |
|      | ✓ No  Yes. Describe   |                     |                                  |   |  |
| 36.  | Add the dollar value of all of your for Part 4. Write that number here  |                     |                                  |   | \$1423.00  |
| Part | 5: Describe Any Business  | -Related Prop       | erty You Own or Have a           | ın Interest In. List any real estate            | in Part 1.   |
| 37.  | Do you own or have any legal or   | equitable interest  | t in any business-related pro    | perty?  |  |
|      | No. Go to Part 6. Yes. Go to line 38.   | •                   | ,                                | E C   | Current value of the portion you own? On not deduct secured claims or exemptions |
| 38.  | Accounts receivable or commissi   | ons you already e   | earned                           |   |  |
|      | Yes. Describe   |                     |                                  |   |  |
| 39.  | Office equipment, furnishings, at Examples: Business-related comput   |                     | dems, printers, copiers, fax mac | hines, rugs, telephones, desks, chairs, electro | onic devices   |
|      | ✓ No  Yes. Describe   |                     |                                  |   |  |
|      |   |                     |                                  |   |  |

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| Deb   | tor 1    | 1 Alocia<br>First Name | L.<br>Middle Name                                | Rathers<br>Last Name                 | Case number (if known)           |                                       |
|-------|----------|------------------------|--|--------------------------------------|----------------------------------|---------------------------------------|
| 40.   | Ma       |                        |  | use in business, and tools of yo     | our trade                        |                                       |
|       | <b>~</b> |                        | , , , ,  | ,                                    |                                  |                                       |
|       | È        | Yes. Describe          |  |                                      |                                  |                                       |
|       |          | _                      |  |                                      |                                  |                                       |
| 41.   | ln۱      | ventory                |  |                                      |                                  |                                       |
|       | <b>~</b> | <b>1</b>               |  |                                      |                                  |                                       |
|       | Ė        | Yes. Describe          |  |                                      |                                  | 1                                     |
|       |          | •                      |  |                                      |                                  |                                       |
| 42.   | Int      | terests in partnersh   | ips or joint ventures                            |                                      |                                  |                                       |
|       | <b>✓</b> | _                      |  |                                      |                                  |                                       |
|       | F        | Yes. Give specific     |  | Name of entity:                      | % of ownership:                  |                                       |
|       |          | information about      |  | _                                    |                                  | _                                     |
|       |          | them                   |  |                                      | <u> </u>                         | _                                     |
|       |          |                        |  |                                      |                                  |                                       |
| 43. ( | Cus      | stomer lists, mailing  | lists, or other compilat                         | ions                                 |                                  |                                       |
|       | <b>✓</b> | No No                  |  |                                      |                                  |                                       |
|       |          | Yes. Do your lists in  | clude personally identifial                      | ole information (as defined in 11 U. | S.C. § 101(41A))?                |                                       |
|       |          | □ No                   |  |                                      |                                  |                                       |
|       |          | Yes. Descr             | ribe   |                                      |                                  |                                       |
| 11    | ۸n       |                        | property you did not alro                        | andy list                            |                                  |                                       |
| 44.   |          |                        | oroperty you did not and                         | eauy list                            |                                  |                                       |
|       | ¥        | No Yes. Give specific  |  |                                      |                                  |                                       |
|       |          | information            |  |                                      |                                  |                                       |
|       |          |                        |  |                                      |                                  |                                       |
|       |          |                        |  |                                      |                                  |                                       |
|       |          |                        |  |                                      |                                  |                                       |
|       |          |                        |  |                                      |                                  |                                       |
|       |          |                        |  | _                                    |                                  | <del></del>                           |
| 45. A | dd 1     | the dollar value of a  | II of your entries from F                        | Part 5, including any entries for    | pages you have attached          |                                       |
| for P | art :    | 5. Write that number   | here   |                                      | <b>&gt;</b>                      |                                       |
| Part  | t 6:     |                        | Farm- and Commer n interest in farmland, list it |                                      | erty You Own or Have an Interest | In.                                   |
| 46.   | Do       | o you own or have a    | ny legal or equitable in                         | terest in any farm- or commerci      | al fishing-related property?     |                                       |
|       | <b>✓</b> | No. Go to Part 7.      |  |                                      |                                  | Current value of the portion you own? |
|       |          | Yes. Go to line 47.    |  |                                      |                                  | Do not deduct secured claims          |
|       |          |                        |  |                                      |                                  | or exemptions                         |
| 47.   |          | arm animals            | ultur, forma                                     |                                      |                                  |                                       |
|       | EX       | kamples: Livestock, po | uiuy, rarm-raised fish                           |                                      |                                  |                                       |
|       | <b>∠</b> | ₫ .                    |  |                                      |                                  | 1                                     |
|       | L        | Yes. Describe          |  |                                      |                                  |                                       |
|       |          |                        |  |                                      |                                  |                                       |

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| Debt         | or 1     | Alocia                        | L.   | Rathers                   | Case number (if known)         |             |
|--------------|----------|-------------------------------|--|---------------------------|--------------------------------|-------------|
| 40           | 0        | First Name                    | Middle Name  | Last Name                 |                                |             |
| 48.          | _        | ps-either growing or har      | vestea   |                           |                                |             |
|              | M        | No                            |  |                           |                                |             |
|              | Ц        | Yes. Describe                 |  |                           |                                |             |
|              | _        |                               | _  |                           |                                |             |
| 49.          | Far      | m and fishing equipment       | t, implements, machinery, fix                          | tures, and tools of trade | •                              |             |
|              | <b>V</b> | No                            |  |                           |                                |             |
|              | Ħ        | Yes. Describe                 |  |                           |                                |             |
|              | _        |                               |  |                           |                                |             |
| <b>5</b> 0   | For      | m and fishing supplies a      | —<br>shamiaala and food                                |                           |                                |             |
| 50.          | _        | m and fishing supplies, c     | memicais, and reed                                     |                           |                                |             |
|              | 뇓        | No                            |  |                           |                                |             |
|              | Ш        | Yes. Describe                 |  |                           |                                |             |
|              | -        |                               | <u> </u>   |                           | <u>'</u>                       |             |
| 51.          | Any      | farm- and commercial fi       | shing-related property you d                           | lid not already list      |                                |             |
|              | <b>✓</b> | No                            |  |                           |                                |             |
|              |          | Yes. Describe                 |  |                           |                                |             |
|              |          |                               |  |                           |                                |             |
|              | -        |                               | <del>_</del>   |                           |                                |             |
|              |          |                               | our entries from Part 6, includ                        |                           |                                |             |
| ior Pa       | art o.   | write that number here        |  |                           |                                |             |
|              |          |                               |  |                           |                                |             |
| 5 1          | _        | Danasila All Duamant          | V O II   | Interest in That Van      | Did Not List Above             |             |
| Part         |          |                               | ty You Own or Have an                                  |                           | Did Not List Above             |             |
| 53.          |          | mples: Season tickets, coun   | of any kind you did not alread<br>htry club membership | dy list?                  |                                |             |
|              | <b>✓</b> | No                            |  |                           |                                |             |
|              | П        | Yes. Give specific            |  |                           |                                |             |
|              |          | information                   |  |                           |                                |             |
|              |          |                               |  |                           |                                |             |
|              |          |                               |  |                           |                                |             |
| 54. A        | dd th    | ne dollar value of all of yo  | our entries from Part 7. Write                         | that number here          | <b>&gt;</b>                    |             |
|              |          |                               |  |                           |                                |             |
|              |          |                               |  |                           |                                |             |
| Part         | 8:       | List the Totals of Ea         | ch Part of this Form                                   |                           |                                |             |
|              |          |                               |  |                           |                                |             |
| 55. <b>F</b> | Part 1   | 1: Total real estate, line 2  |  |                           | ▶                              | <del></del> |
| 56 n         | art 2    | 2 total vehicles, line 5      |  |                           |                                |             |
|              |          |                               |  | \$2000.00                 | <u> </u>                       |             |
| 57. <b>P</b> | art 3    | : Total personal and hous     | sehold items, line 15                                  | \$1000.00                 | <u> </u>                       |             |
| 58. <b>P</b> | art 4    | : Total financial assets, lin | ne 36  | \$1423.00                 |                                |             |
| 59. <b>F</b> | art 5    | 5: Total business-related     | property, line 45                                      |                           | <del></del>                    |             |
| 60 <b>F</b>  | Part 6   | S: Total farm- and fishing    | -related property, line 52                             |                           | <del></del>                    |             |
|              |          | _                             |  |                           | <u> </u>                       |             |
| 61. <b>F</b> | art 7    | 7: Total other property no    | ot listed, line 54                                     |                           |                                |             |
| 62. <b>T</b> | otal     | personal property. Add lir    | nes 56 through 61                                      | \$4423.00                 |                                |             |
|              |          |                               |  |                           |                                | + \$4423.00 |
|              |          |                               |  |                           | Copy personal property total ▶ | + \$4423.00 |
|              |          |                               |  |                           | Copy personal property total ▶ | + \$4423.00 |

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| Fill in this information to identify your case: |                             |             |                              |  |  |
|---|-----------------------------|-------------|------------------------------|--|--|
| Debtor 1  | Alocia                      | L.          | Rathers                      |  |  |
|   | First Name                  | Middle Name | Last Name                    |  |  |
| Debtor 2  |                             |             |                              |  |  |
| (Spouse, if fil                                 | ing) First Name             | Middle Name | Last Name                    |  |  |
| United States                                   | s Bankruptcy Court for the: | Northern    | District of Illinois (State) |  |  |
| Case number<br>(If known)                       | r                           |             | (Ciaio)                      |  |  |

#### Official Form 106C

#### Check if this is an amended filing

#### Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Par | Part 1: Identify the Property You Claim as Exempt  |   |   |                                    |  |  |  |  |
|-----|--|---|---|------------------------------------|--|--|--|--|
| 1.  | Which set of exemptions are you claiming   | ,   | , ,   |                                    |  |  |  |  |
|     | ✓ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)  You are claiming federal exemptions. 11 U.S.C. § 522(b)(2) |   |   |                                    |  |  |  |  |
| 2.  | For any property you list on Schedule A  | /B that you claim as e  | exempt, fill in the information below.                                      |                                    |  |  |  |  |
|     | Brief description of the property and line on Schedule A/B that lists this property  | Current value of<br>the portion you<br>own<br>Copy the value from<br>Schedule A/B | Amount of the exemption you claim  Check only one box for each exemption.   | Specific laws that allow exemption |  |  |  |  |
|     | Brief description:  Dodge, Stratus, 2004, 2004 Dodge Stratus  Line from Schedule A/B: 03   | \$2,000.00  | \$2,000.00  100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(c)              |  |  |  |  |
|     | Brief description:  Wex Bank  Line from Schedule A/B:  17  | \$373.00  | \$373.00  100% of fair market value, up to any applicable statutory limit   | 735 ILCS 5/12-1001(b)              |  |  |  |  |
| 3.  | Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every No Yes. Did you acquire the property cover No Yes             | y 3 years after that for ca   |   |                                    |  |  |  |  |

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| otor 1 Alocia L.  |  |   | nber (if known)         |
|---|--|---|-------------------------|
| First Name Mic t 2: Additional Page   | ddle Name  | Last Name   |                         |
| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own  Copy the value from Schedule A/B | Amount of the exemption you of Check only one box for each exem | ·                       |
| Brief description: Loan to Family Member  | \$1,050.00   | \$1,050.00  100% of fair market value, up to                    | 735 ILCS 5/12-1001(b)   |
| Line from Schedule A/B: 30  |  | applicable statutory limit                                      | 705    00 5 (40 4004(1) |
| Brief description: used clothing  | \$300.00   | \$300.00  | 735 ILCS 5/12-1001(a)   |
| Line from Schedule A/B: 11  |  | applicable statutory limit                                      | ,                       |
| Brief description: used furniture   | \$100.00   | \$100.00  | 735 ILCS 5/12-1001(b)   |
| Line from Schedule A/B: 06  |  | applicable statutory limit                                      | Zany                    |
| Brief description: used electronics   | \$600.00   | \$600.00  | 735 ILCS 5/12-1001(b)   |
| Line from Schedule A/R: 07  |  | 100% of fair market value, up to applicable statutory limit     | any                     |

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|                 |  |  | · ·  | _   |  |                                   |
|-----------------|--|--|--|---|--|-----------------------------------|
| Fill in         | this information to identify your case                 | 9:   |  |   |  |                                   |
| Debte           | or 1 Alocia  | L.   | Rathers  |   |  |                                   |
|                 | First Name   | Middle Name                                      | Last Name  |   |  |                                   |
| Debte           |  |  |  |   |  |                                   |
| (Spot           | use, if filing) First Name                             | Middle Name                                      | Last Name  |   |  |                                   |
| Unite           | d States Bankruptcy Court for the:                     | Northern   | District of Illinois   |   |  |                                   |
| Case<br>(If knd | number<br>own)   |  | (State)  |   |  |                                   |
| Off             | icial Form 106D  |  |  | 1   |  | heck if this is an                |
| Sc              | hedule D: Credit                                       | ors Who Ha                                       | ve Claims Secur  | ed by Pro   |  | 12/15                             |
| Be as<br>space  | complete and accurate as possib                        | ole. If two married people                       | are filing together, both are equal e entries, and attach it to this forn                                    | lly responsible for s   | upplying correct inform                                |                                   |
| 1.              | Do any creditors have claims secu                      | red by your property?                            |  |   |  |                                   |
|                 | No. Check this box and submit t                        | his form to the court with yo                    | ur other schedules. You have nothing   | else to report on this t  | form.  |                                   |
|                 | Yes. Fill in all of the information                    | below.   |  |   |  |                                   |
| Part            | 1: List All Secured Claims                             |  |  |   |  |                                   |
| 2.              |  | editor has a particular claim                    | red claim, list the creditor separately I, list the other creditors in Part 2. As ng to the creditor's name. | Column A  Amount of claim  Do not deduct the value of collateral. | Column B  Value of collateral that supports this claim | Column C Unsecured portion If any |
| 2.1             | Internal Revenue Service Creditor's Name P.O. Box 7346 | Describe the property                            | that secures the claim:  | \$16,423.00   | \$4,423.00   | \$12,000.00                       |
|                 | Number Street  | All Real and Personal P As of the date you file, | roperty the claim is: Check all that apply.  |   |  |                                   |
|                 | Philadelphia Pennsylvania 101                          | Contingent                                       |  |   |  |                                   |
|                 | City State ZIP Code                                    | Unliquidated                                     |  |   |  |                                   |
|                 | Who owes the debt? Check one.  Debtor 1 only           | Disputed   |  |   |  |                                   |
|                 | Debtor 2 only  | Nature of lien. Check a                          | II that apply.   |   |  |                                   |
|                 | Debtor 1 and Debtor 2 only                             | An agreement you r car loan)                     | made (such as mortgage or secured  |   |  |                                   |
|                 | At least one of the debtors and                        | _ ′  | as tax lien, mechanic's lien)  |   |  |                                   |
|                 | another  Check if this claim relates                   | Judgment lien from                               | a lawsuit  |   |  |                                   |
|                 | to a community debt  Date debt was                     | Other (including a ri                            | ght to offset)   |   |  |                                   |
|                 | incurred   | Last 4 digits of accoun                          | nt number  |   |  |                                   |
|                 | Add the dollar value of number here:                   | your entries in Column                           | A on this page. Write that   | \$16,423.00   |  |                                   |

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| Fill                          | in this inform   | ation to identify your cas   | e:   |  |  |                             |                                       |                            |
|-------------------------------|--|--|--|--|--|-----------------------------|---------------------------------------|----------------------------|
| Deb                           | otor 1   | Alocia   | L.   | Rathers  |  |                             |                                       |                            |
|                               |  | First Name   | Middle Name  | Last Name  |  |                             |                                       |                            |
|                               | otor 2   |  | 8 4° 1 11 - 8 1                                    |  | _  |                             |                                       |                            |
| (Sp                           | ouse, it tiling  | First Name   | Middle Name  | Last Name  |  |                             |                                       |                            |
| Unit                          | ted States B   | ankruptcy Court for the:   | Northern   | District of Illinois   |  |                             |                                       |                            |
| Coo                           |  |  |  | (State)  |  |                             |                                       |                            |
|                               | se number<br>nown)   | -  |  |  |  |                             |                                       |                            |
| Of                            | ficial F   | orm 106E/F   |  |  |  | Ch                          | eck if this is ar                     | n amended filing           |
|                               |  |  | -114 VA/II   |  |  |                             |                                       |                            |
| 50                            | neau   | lie E/F: Cre   | editors wno  | Have Unsecu  | ired Claims  |                             |                                       | 12/15                      |
| 106Å<br>that<br>entri<br>knov | VB) and on<br>are listed ir<br>es in the bo<br>vn).  | Schedule G: Executory  a Schedule D: Creditory  exes on the left. Attach | y Ċontracts and Unexpire<br>s Who Hold Claims Secu | result in a claim. Also list exe<br>ed Leases (Official Form 1060<br>ired by Property. If more space<br>o this page. On the top of any | <ul> <li>b). Do not include any cree</li> <li>c) is needed, copy the Page</li> </ul> | editors with<br>art you nee | n partially sec<br>ed, fill it out, n | cured claims<br>number the |
| 1.                            | Do any cr  | editors have priority un   | secured claims against y                           | rou?   |  |                             |                                       |                            |
|                               |  | o to Part 2.   | ,  |  |  |                             |                                       |                            |
|                               | Yes.   |  |  |  |  |                             |                                       |                            |
| 2.                            | 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.  (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) |  |  |  |  |                             |                                       |                            |
|                               |  |  |  |  |  | Total claim                 | Priority amount                       | Nonpriority amount         |

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| Debto  | or 1 Alocia L.   |                            | athers                                 | Case number (if known)  |                            |
|--------|--|----------------------------|--|---|----------------------------|
|        |  |                            | ast Name                               |   |                            |
| Part 2 | 2: List All of Your NONPRIOR   | ITY Unsecured Clain        | ns                                     |   |                            |
| 3. [   | Do any creditors have nonpriority un                                 | secured claims against ye  | ou?                                    |   |                            |
| I      | No. You have nothing to report in thi                                |                            |  | er schedules.   |                            |
| Ī      | Yes.   |                            |  |   |                            |
|        | List all of your nonpriority unsecured                               | l claims in the alphabetic | al order of the credit                 | or who holds each claim. If a creditor                                  | has more than one priority |
|        | unsecured claim, list the creditor separat                           |                            |  |   |                            |
|        | If more than one creditor holds a particul                           | •                          |  | · ·   | •                          |
| F      | Page of Part 2.  |                            |  |   |                            |
|        |  |                            |  |   | Total claim                |
| 4.1    | Bank of America  |                            | Last 4 digits of a                     | account number  | \$6,000.00                 |
|        | Nonpriority Creditor's Name<br>Po Box 26078                          |                            | _                                      |   | <u> </u>                   |
|        | Number Street  |                            | _ When was the d                       | ebt incurred?n/a  |                            |
|        |  |                            | As of the date yo                      | ou file, the claim is: Check all that apply                             | у.                         |
|        | Croopshare North Carel   | lina 27420                 | Contingent                             |   |                            |
|        | Greensboro North Carol City State                                    | Zip Code                   | <ul> <li>Unliquidated</li> </ul>       |   |                            |
|        | Who incurred the debt? Check one.                                    | •                          | Disputed                               |   |                            |
|        | Debtor 1 only  |                            | Type of NONPRI                         | ORITY unsecured claim:  |                            |
|        | Debtor 2 only  |                            | Student loans                          |   |                            |
|        | Debtor 1 and Debtor 2 only   |                            | =                                      |   |                            |
|        | At least one of the debtors and ano                                  | ther                       |  | rising out of a separation agreement or<br>ot report as priority claims | divorce                    |
|        | Check if this claim relates to a c                                   | community debt             |  | sion or profit-sharing plans, and other s                               | imilar                     |
|        | Is the claim subject to offset?                                      | onimumity debt             | debts                                  |   |                            |
|        | No   |                            | ✓ Other. Specify                       | y unsecured   |                            |
|        | Yes  |                            |  |   |                            |
|        |  |                            |  |   | • • • • • •                |
| 4.2    | Brian Wright & Associates Nonpriority Creditor's Name                |                            | <ul> <li>Last 4 digits of a</li> </ul> | account number  | <u>\$100.00</u>            |
|        | 437 W State St Apt 101   |                            | _ When was the d                       | ebt incurred?n/a  |                            |
|        | Number Street  |                            | As of the date vo                      | ou file, the claim is: Check all that appl                              | v.                         |
|        |  |                            | Contingent                             | ne, the claim is. Check all that appl                                   | у.                         |
|        |  |                            | =                                      |   |                            |
|        | Sycamore Illinois City State   | 60178<br>Zip Code          | _ Unliquidated                         |   |                            |
|        | Who incurred the debt? Check one.                                    | •                          | Disputed                               |   |                            |
|        | ✓ Debtor 1 only  |                            | Type of NONPRI                         | ORITY unsecured claim:  |                            |
|        | Debtor 2 only  |                            | Student loans                          |   |                            |
|        | Debtor 1 and Debtor 2 only   |                            | Obligations a                          | rising out of a separation agreement or                                 | divorce                    |
|        | At least one of the debtors and ano                                  | ther                       |  | ot report as priority claims  |                            |
|        | H  |                            | Debts to pension                       | sion or profit-sharing plans, and other s                               | imilar                     |
|        | L Check if this claim relates to a claim subject to offset?          | community debt             |  | yunsecured  |                            |
|        | ✓ No   |                            |  |   |                            |
|        | =  |                            |  |   |                            |
| 4.5    | Yes  | _                          |  |   |                            |
| 4.3    | City of Chicago Department of Revenue<br>Nonpriority Creditor's Name | <u>e</u>                   | <ul> <li>Last 4 digits of a</li> </ul> | account number  | \$6,000.00                 |
|        | 121 North LaSalle Street   |                            | _ When was the d                       | ebt incurred?n/a  |                            |
|        | Number Street  |                            | As of the date vo                      | ou file, the claim is: Check all that appl                              | V.                         |
|        |  |                            | Contingent                             | or me, the claim is. Once an that appr                                  | y.                         |
|        | Chicago Illinois   | 60602                      | =                                      |   |                            |
|        | City State   | Zip Code                   | Unliquidated                           |   |                            |
|        | Who incurred the debt? Check one.  Debtor 1 only                     |                            | Disputed                               |   |                            |
|        | Debtor 2 only  |                            | Type of NONPRI                         | ORITY unsecured claim:  |                            |
|        | Debtor 1 and Debtor 2 only   |                            | Student loans                          |   |                            |
|        |  | th or                      |  | rising out of a separation agreement or                                 | divorce                    |
|        | At least one of the debtors and ano                                  | urei                       |  | ot report as priority claims  |                            |
|        | Check if this claim relates to a c                                   | community debt             | Debts to pens<br>debts                 | sion or profit-sharing plans, and other s                               | imilar                     |
|        | Is the claim subject to offset?                                      |                            |  | y unsecured   |                            |
|        | ✓ No   |                            | Callett Opcom                          |   |                            |
|        | Yes  |                            |  |   |                            |

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| Debto  | r 1 Alocia L. First Name Middle Name                       | Rathers Case number (if known) Last Name  |             |
|--------|--|---|-------------|
| Ont-9  |  |   |             |
| Part 2 |  |   |             |
|        | After listing any entries on this page, number them beginn | ing with 4.5, followed by 4.6, and so forth.  | Total claim |
| 4.4    | Comcast Cable c/o Xfinity Nonpriority Creditor's Name      | Last 4 digits of account number   | \$900.00    |
|        | 7561 North Point Pkwy #900                                 | When was the debt incurred?   |             |
|        | Number Street  | As of the date you file the eleien is Check all that apply  |             |
|        |  | As of the date you file, the claim is: Check all that apply.  Contingent  |             |
|        | Alpharetta Georgia 30022                                   |   |             |
|        | City State Zip Code Who incurred the debt? Check one.      | Unliquidated  |             |
|        | Debtor 1 only  | Disputed  |             |
| į      | Debtor 2 only  | Type of NONPRIORITY unsecured claim:  |             |
|        | Debtor 1 and Debtor 2 only                                 | Student loans   |             |
|        | At least one of the debtors and another                    | Obligations arising out of a separation agreement or divorce that you did not report as priority claims                         |             |
|        | Check if this claim relates to a community debt            | Debts to pension or profit-sharing plans, and other similar debts   |             |
|        | Is the claim subject to offset?                            | ✓ Other. Specify unsecured  |             |
|        | Yes  |   |             |
|        | OOMENIEW DANK (MAANDEE                                     |   | 000100      |
| .5     | COMENITY BANK/MANDEE Nonpriority Creditor's Name           | Last 4 digits of account number   | \$234.00    |
|        | 995 W 122ND AVE  | When was the debt incurred? 4/1/2008  |             |
|        | Number Street  | As of the date you file, the claim is: Check all that apply.  |             |
|        |  | Contingent  |             |
|        | WESTMINSTER Colorado 80234 City State Zip Code             | Unliquidated  |             |
|        | Who incurred the debt? Check one.                          | Disputed  |             |
|        | ✓ Debtor 1 only  | Type of NONPRIORITY unsecured claim:  |             |
|        | Debtor 2 only  | ··  |             |
|        | Debtor 1 and Debtor 2 only                                 | Student loans   |             |
|        | At least one of the debtors and another                    | <ul> <li>Obligations arising out of a separation agreement or divorce<br/>that you did not report as priority claims</li> </ul> |             |
|        | Check if this claim relates to a community debt            | Debts to pension or profit-sharing plans, and other similar   |             |
|        | Is the claim subject to offset?                            | debts   |             |
|        | <b>✓</b> No  | Other. Specify CreditCard   |             |
|        | Yes  |   |             |
| .6     | Commonwealth Edison  |   | \$350.00    |
| .0     | Nonpriority Creditor's Name                                | Last 4 digits of account number   | φοου.υυ     |
|        | 3 Lincoln Ctr FI 4 Number Street                           | When was the debt incurred?n/a  |             |
|        | Number Street  | As of the date you file, the claim is: Check all that apply.  |             |
|        |  | Contingent  |             |
|        | Oakbrook Ter Illinois 60181                                | Unliquidated  |             |
|        | City State Zip Code  | Disputed  |             |
|        | Who incurred the debt? Check one.  Debtor 1 only           | Type of NONPRIORITY unsecured claim:  |             |
|        | <u> </u>   | Student loans   |             |
|        | Debtor 2 only  | Obligations arising out of a separation agreement or divorce  |             |
|        | Debtor 1 and Debtor 2 only                                 | that you did not report as priority claims  |             |
|        | At least one of the debtors and another                    | Debts to pension or profit-sharing plans, and other similar   |             |
|        | Check if this claim relates to a community debt            | debts   |             |
|        | Is the claim subject to offset?                            | ✓ Other. Specify unsecured  |             |
|        | ✓ No   |   |             |
|        | Yes  |   |             |

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| Debto  | r 1 Alocia L.  First Name Middle Name  | Rathers Case number (if known) Last Name  |                |
|--------|--|---|----------------|
| - ·    |  |   |                |
| Part 2 | Your NONPRIORITY Unsecured Claims - Cont   | inuation Page   |                |
|        | After listing any entries on this page, number them beginn                       | ing with 4.5, followed by 4.6, and so forth.  | Total claim    |
| 4.7    | ENHANCED RECOVERY CO L   | Last 4 digits of account number 9745  | \$1,424.00     |
|        | Nonpriority Creditor's Name<br>8014 BAYBERRY RD                                  | When was the debt incurred? 10/1/2014   |                |
|        | Number Street  | <del></del>   |                |
|        |  | As of the date you file, the claim is: Check all that apply.  Contingent                                |                |
|        | JACKSONVILLE Florida 32256   |   |                |
|        | City State Zip Code Who incurred the debt? Check one.                            | Unliquidated  |                |
|        | Debtor 1 only  | Disputed  |                |
|        | Debtor 2 only  | Type of NONPRIORITY unsecured claim:  |                |
|        | Debtor 1 and Debtor 2 only   | Student loans   |                |
|        | At least one of the debtors and another  | Obligations arising out of a separation agreement or divorce that you did not report as priority claims |                |
|        | Check if this claim relates to a community debt                                  | Debts to pension or profit-sharing plans, and other similar   |                |
|        | Is the claim subject to offset?  | debts  ✓ 001 Collection; Collecting for   |                |
|        | <u>✓</u> No  | Other. Specify ORIGINAL CREDITOR: AT T  |                |
|        | Yes  |   |                |
| 4.8    | IL COLL UNLT   | Last 4 digits of account number 9345  | \$372.00       |
|        | Nonpriority Creditor's Name<br>BOX 305   | When was the debt incurred? 11/1/2015   |                |
|        | Number Street  | <del></del>   |                |
|        |  | As of the date you file, the claim is: Check all that apply.  |                |
|        | PEKIN Illinois 61554   | Contingent  |                |
|        | City State Zip Code  | Unliquidated  |                |
|        | Who incurred the debt? Check one.  Debtor 1 only                                 | Disputed  |                |
|        | Debtor 2 only  | Type of NONPRIORITY unsecured claim:  |                |
|        | Debtor 1 and Debtor 2 only   | Student loans   |                |
|        | At least one of the debtors and another  | Obligations arising out of a separation agreement or divorce that you did not report as priority claims |                |
|        | 片  | Debts to pension or profit-sharing plans, and other similar   |                |
|        | Check if this claim relates to a community debt  Is the claim subject to offset? | debts   |                |
|        | No   | Collection; Collecting for  |                |
|        | Yes  | ORIGINAL CREDITOR: 09 Other. Specify UNIVERSITY VILLAGE 0   |                |
| 40     |  |   | <b>4500.00</b> |
| 4.9    | Illinois Tollway Nonpriority Creditor's Name                                     | Last 4 digits of account number   | \$500.00       |
|        | 2700 Ogdén Ave   | When was the debt incurred?n/a  |                |
|        | Number Street Legal Dept   | As of the date you file, the claim is: Check all that apply.  |                |
|        |  | Contingent  |                |
|        | Downers Grove     Illinois     60515       City     State     Zip Code           | Unliquidated  |                |
|        | Who incurred the debt? Check one.  | Disputed  |                |
|        | Debtor 1 only  | Type of NONPRIORITY unsecured claim:  |                |
|        | Debtor 2 only  | Student loans   |                |
|        | Debtor 1 and Debtor 2 only   | Obligations arising out of a separation agreement or divorce  |                |
|        | At least one of the debtors and another  | that you did not report as priority claims  |                |
|        | Check if this claim relates to a community debt                                  | Debts to pension or profit-sharing plans, and other similar   |                |
|        | Is the claim subject to offset?  | debts  ✓ Other. Specify unsecured   |                |
|        | ✓ No   | <u> </u>  |                |
|        | Yes  |   |                |

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| Debtor |   | Rathers Case number (if known)ast Name  |             |
|--------|---|---|-------------|
| 5 40   |   |   |             |
| Part 2 |   |   |             |
|        | After listing any entries on this page, number them beginning | ing with 4.5, followed by 4.6, and so forth.  | Total claim |
| 4.10   | PEOPLES ENGY Nonpriority Creditor's Name                      | Last 4 digits of account number 5448  | \$465.00    |
|        | 200 EAST RANDOLPH   | When was the debt incurred? 5/1/2009  |             |
|        | Number Street   | As of the date you file, the claim is: Check all that apply.  |             |
|        |   | Contingent  |             |
|        | CHICAGO Illinois 60601  | Unliquidated  |             |
|        | City State Zip Code Who incurred the debt? Check one.         | Disputed  |             |
|        | Debtor 1 only   | Type of NONPRIORITY unsecured claim:  |             |
|        | Debtor 2 only   | <u></u>   |             |
|        | Debtor 1 and Debtor 2 only                                    | Student loans   |             |
|        | At least one of the debtors and another                       | Obligations arising out of a separation agreement or divorce that you did not report as priority claims |             |
|        | Check if this claim relates to a community debt               | Debts to pension or profit-sharing plans, and other similar debts                                       |             |
|        | Is the claim subject to offset?                               | ✓ Other. Specify InstallmentLoan  |             |
|        | ✓ No  |   |             |
|        | Yes   |   |             |
| 4.11   | Progressive Direct Nonpriority Creditor's Name                | Last 4 digits of account number   | \$12,200.00 |
|        | P.O Box 31260   | When was the debt incurred?n/a  |             |
|        | Number Street   | As of the date you file, the claim is: Check all that apply.  |             |
|        | T   | Contingent  |             |
|        | Tampa Florida 33631 City State Zip Code                       | Unliquidated  |             |
|        | Who incurred the debt? Check one.                             | Disputed  |             |
|        | Debtor 1 only   | Type of NONPRIORITY unsecured claim:  |             |
|        | Debtor 2 only   | Student loans   |             |
|        | Debtor 1 and Debtor 2 only                                    | Obligations arising out of a separation agreement or divorce  |             |
|        | At least one of the debtors and another                       | that you did not report as priority claims  |             |
|        | Check if this claim relates to a community debt               | <ul> <li>Debts to pension or profit-sharing plans, and other similar debts</li> </ul>                   |             |
|        | Is the claim subject to offset?                               | ✓ Other. Specify Judgment (11M1011738)  |             |
|        | ✓ No  |   |             |
|        | Yes   |   |             |
| 4.12   | ROZLIN FINANCIAL GROUP Nonpriority Creditor's Name            | Last 4 digits of account number3541   | \$32.00     |
|        | 1628 Dekalb Ave   | When was the debt incurred? 8/1/2015  |             |
|        | Number Street   | As of the date you file, the claim is: Check all that apply.  |             |
|        |   | Contingent  |             |
|        | Sycamore Illinois 60178 City State Zip Code                   | Unliquidated  |             |
|        | Who incurred the debt? Check one.                             | Disputed  |             |
|        | Debtor 1 only   | Type of NONPRIORITY unsecured claim:  |             |
|        | Debtor 2 only   | Student loans   |             |
|        | Debtor 1 and Debtor 2 only                                    | Obligations arising out of a separation agreement or divorce  |             |
|        | At least one of the debtors and another                       | that you did not report as priority claims  |             |
|        | Check if this claim relates to a community debt               | Debts to pension or profit-sharing plans, and other similar   |             |
|        | Is the claim subject to offset?                               | debts  O01 Collection; Collecting for   |             |
|        | ✓ No  | ORIGINAL CREDITOR: DEKALB   |             |
|        | Yes   | Other. Specify CUSD 428   |             |

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| Debtor  |   | Rathers Case number (if known)  |                |
|---------|---|---|----------------|
|         |   | ast Name  |                |
| Part 2: |   |   |                |
|         | After listing any entries on this page, number them beginning | ing with 4.5, followed by 4.6, and so forth.  | Total claim    |
| 4.13    | Sprint Corp. Nonpriority Creditor's Name                      | Last 4 digits of account number   | \$400.00       |
|         | PO Box 7949<br>Number Street                                  | When was the debt incurred?n/a  |                |
|         | Attn Bankruptcy Dept  | As of the date you file, the claim is: Check all that apply.  |                |
|         | Overland Park Kansas 66207                                    | Contingent  |                |
|         | City State Zip Code   | Unliquidated  |                |
|         | Who incurred the debt? Check one.  Debtor 1 only              | Disputed  |                |
|         | Debtor 1 only  Debtor 2 only                                  | Type of NONPRIORITY unsecured claim:  |                |
|         | Debtor 1 and Debtor 2 only                                    | Student loans   |                |
|         | At least one of the debtors and another                       | Obligations arising out of a separation agreement or divorce that you did not report as priority claims |                |
|         | Check if this claim relates to a community debt               | Debts to pension or profit-sharing plans, and other similar debts                                       |                |
|         | Is the claim subject to offset?                               | ✓ Other. Specify unsecured  |                |
|         | ✓ No  ☐ Yes   | _   |                |
| 4 1 4   | TFC CREDIT  |   | ¢572.00        |
| 4.14    | Nonpriority Creditor's Name                                   | Last 4 digits of account number 7020  | \$572.00       |
|         | PO BOX 579<br>Number Street                                   | When was the debt incurred? 6/1/2010  |                |
|         |   | As of the date you file, the claim is: Check all that apply.  |                |
|         | SAN RAMON California 94583                                    | Contingent  |                |
|         | City State Zip Code   | Unliquidated  |                |
|         | Who incurred the debt? Check one.  Debtor 1 only              | Disputed  |                |
|         | Debtor 2 only   | Type of NONPRIORITY unsecured claim:  |                |
|         | Debtor 1 and Debtor 2 only                                    | Student loans   |                |
|         | At least one of the debtors and another                       | Obligations arising out of a separation agreement or divorce that you did not report as priority claims |                |
|         | Check if this claim relates to a community debt               | Debts to pension or profit-sharing plans, and other similar debts                                       |                |
|         | Is the claim subject to offset?                               | Other. Specify  |                |
|         | ✓ No  ☐ Yes   | _   |                |
| 4.15    | UNIVERSITY OF PHOENIX   |   | <b>#204.00</b> |
| 4.15    | Nonpriority Creditor's Name                                   | Last 4 digits of account number 2895  | \$291.00       |
|         | 4615 E ELWOOD ST FL 3<br>Number Street                        | When was the debt incurred? 12/1/2010   |                |
|         | Trumbol Groot   | As of the date you file, the claim is: Check all that apply.  |                |
|         | PHOENIX Arizona 85040   | Contingent  |                |
|         | City State Zip Code   | Unliquidated  |                |
|         | Who incurred the debt? Check one.  Debtor 1 only              | Disputed  |                |
|         | Debtor 2 only   | Type of NONPRIORITY unsecured claim:  |                |
|         | Debtor 1 and Debtor 2 only                                    | Student loans   |                |
|         | At least one of the debtors and another                       | Obligations arising out of a separation agreement or divorce that you did not report as priority claims |                |
|         | Check if this claim relates to a community debt               | Debts to pension or profit-sharing plans, and other similar   |                |
|         | Is the claim subject to offset?                               | debts   |                |
|         | ✓ No  | ✓ Other. Specify  |                |
|         | Yes   |   |                |

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| Debtor 1 | Alocia   | L.                    | Rathers            | Case number (if known)   |             |
|----------|--|-----------------------|--------------------|--|-------------|
|          | First Name   | Middle Name           | Last Name          |  |             |
| Part 2:  | Your NONPRIORITY Uns                                 | secured Claims -      | Continuation       | Page   |             |
|          | After listing any entries on this                    | page, number them     | beginning with 4.5 | 5, followed by 4.6, and so forth.  | Total claim |
|          | US DEPT OF ED/GLELSI                                 |                       | last 4             | 4 digits of account number 8581  | \$60,950.00 |
|          | Nonpriority Creditor's Name<br>2401 INTERNATIONAL LN |                       |                    |  |             |
| -        | Number Street  |                       | when               | was the debt incurred?1/1/2009   |             |
|          |  |                       | As of              | the date you file, the claim is: Check all that apply.   |             |
|          | MADIOON  | . 5070.4              | 🔲 c                | ontingent  |             |
|          | MADISON Wiscon City State                            | nsin 53704<br>Zip Cod | <u> </u>           | nliquidated  |             |
|          | Who incurred the debt? Check                         |                       |                    | isputed  |             |
|          | ✓ Debtor 1 only                                      |                       |                    | of NONPRIORITY unsecured claim:  |             |
|          | Debtor 2 only  |                       | <u></u>            |  |             |
|          | Debtor 1 and Debtor 2 only                           |                       | <b>✓</b> S         | tudent loans   |             |
|          | At least one of the debtors and another              | d another             |                    | bligations arising out of a separation agreement or divorce at you did not report as priority claims |             |
|          | Check if this claim relates                          | to a community debt   |                    | ebts to pension or profit-sharing plans, and other similar   |             |
| i        | Is the claim subject to offset?                      |                       |                    | ebts   |             |
|          | ✓ No   |                       |                    | ther. Specify  |             |
|          | Yes  |                       |                    |  |             |

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| btor 1        | Alocia                             |                  | L   | Rathers         | Case                 | number (if known)   |
|---------------|------------------------------------|------------------|---|-----------------|----------------------|---|
| rt 3:         | First Name  List Others to         |                  | Middle Name  About a Debt Th                  | Last Name       | Listed               |   |
| colle<br>agei | ection agency is nection agency is | trying to collec | t from you for a debt<br>ore than one credito | you owe to some | one else, list the o | ou already listed in Parts 1 or 2. For example, if a riginal creditor in Parts 1 or 2, then list the collection in Parts 1 or 2, list the additional creditors here. If ut or submit this page. |
| Arn<br>Nan    | old Scott Harris                   |                  |   | On which ent    | ry in Part 1 or Par  | t 2 did you list the original creditor?   |
|               |                                    |                  |   |                 |                      |   |
|               | W. Jackson # 600<br>mber Street    |                  |   | Line 4.3        | of (Check<br>one):   | ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims  |
| Chi           | cago                               | Illinois         | 60604   | Last 4 digits   | of account number    | er  |
| City          | '                                  | State            | Zip Code                                      |                 |                      | - <u> </u>  |
| ANI           | DRE & DIOKNO                       |                  |   | On which ent    | y in Part 1 or Par   | t 2 did you list the original creditor?   |
| 104           | 3 S YORK RD #10                    | 04               |   | Line 4.11       | of (Check            | Part 1: Creditors with Priority Unsecured Claims  |
| Nur           | nber Street                        |                  |   | _               | one):                | Part 2: Creditors with Nonpriority Unsecured Claims   |
| Ber           | senville                           | Illinois         | 60106   | Last 4 digits   | of account number    | er  |
| City          | 1                                  | State            | Zip Code                                      |                 |                      |   |

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Rathers Debtor 1 Alocia Case number (if known) First Name Add the Amounts for Each Type of Unsecured Claim Part 4: Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim. **Total claims** \$0.00 Total claims 6a. Domestic support obligations. from Part 1 \$0.00 6b. Taxes and certain other debts you owe the government 6b. 6c. Claims for death or personal injury while you were \$0.00 intoxicated \$0.00 6d. Other. Add all other priority unsecured claims. Write that 6d. amount here. \$0.00 6e. Total. Add lines 6a through 6d. 6e. **Total claims** \$61,522.00 **Total claims** 6f. Student loans from Part 2 6g. Obligations arising out of a separation agreement or \$0.00 divorce that you did not report as priority claims 6h. Debts to pension or profit-sharing plans, and other similar 6h. \$29,268.00 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. \$90,790.00 6j. Total. Add lines 6f through 6i. 6j.

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| Fill in this infor   | mation to identify your cas  | e:                  |                      |  |                                       |  |
|--|--|---------------------|----------------------|--|---------------------------------------|--|
| Debtor 1   | Alocia   | L.                  | Rathers              |  |                                       |  |
|  | First Name   | Middle Name         | Last Name            |  |                                       |  |
| Debtor 2   |  |                     |                      |  |                                       |  |
| (Spouse, if filing   | <sup>ng)</sup> First Name  | Middle Name         | Last Name            |  |                                       |  |
| United States  | Bankruptcy Court for the:  | Northern            | District of Illinois |  |                                       |  |
|  |  | •                   | (State)              |  |                                       |  |
| Case number  |  |                     |                      |  |                                       |  |
| (If known)   |  |                     |                      |  |                                       |  |
| Official   | Form 106G  |                     |                      |  | Check if this is an<br>amended filing |  |
| Schedu   | ile G: Execut  | ory Contract        | s and Unexpi         | ired Leases  | 12/15                                 |  |
| space is need  |  |                     |                      | h are equally responsible for supplying correct infor<br>o this page. On the top of any additional pages, writ |                                       |  |
| 1. Do you l  | have any executory   | contracts or unexpi | red leases?          |  |                                       |  |
| No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.          |  |                     |                      |  |                                       |  |
| Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B). |  |                     |                      |  |                                       |  |
|  | 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases. |                     |                      |  |                                       |  |

Person or company with whom you have the contract or lease

State what the contract or lease is for

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| Fill in this infor             | mation to identify your cas               | e:                               |                                   |   |
|--------------------------------|---|----------------------------------|-----------------------------------|---|
| Debtor 1                       | Alocia                                    | L.                               | Rathers                           | _   |
|                                | First Name                                | Middle Name                      | Last Name                         |   |
| Debtor 2<br>(Spouse, if filing | ng) Firet Name                            | Middle Name                      | Last Name                         | _   |
|                                |   |                                  |                                   |   |
| United States                  | Bankruptcy Court for the:                 | Northern                         | District of Illinois (State)      | _   |
| Case number                    |   |                                  | (Glale)                           | _   |
| (If known)                     |   |                                  |                                   | <u> </u>  |
|                                |   |                                  |                                   | Check if this is an amended filing  |
| Official                       | Form 106H                                 |                                  |                                   | and lace limity   |
|                                | _   |                                  |                                   |   |
| <u>Schedu</u>                  | le H: Your Co                             | odebtors                         |                                   | 12/15   |
| 1. Do you ha                   | ave any codebtors? (If y                  | ou are filing a joint case, do   | not list either spouse as a codel | otor.)  |
| Idaho, Lou<br>No. 0            | uisiana, Nevada, New Mex<br>Go to line 3. | ico, Puerto Rico, Texas, Was     | shington, and Wisconsin.)         | munity property states and territories include Arizona, California,   |
| Yes.                           | No  | pouse, or legal equivalent liv   | e with you at the time?           |   |
|                                |   | state or territory did you live? | Fill in th                        | e name and current address of that person.  |
|                                | Name of your spouse, for                  | ormer spouse, or legal equiv     | alent                             |   |
|                                | Number Street                             |                                  |                                   |   |
|                                | City                                      | State                            | Zip Code                          |   |
| again as                       | a codebtor only if that p                 | erson is a guarantor or co       | signer. Make sure you have        | r spouse is filing with you. List the person shown in line 2 listed the creditor on <i>Schedule D</i> (Official Form 106D), <i>D</i> , <i>Schedule E/F</i> , or <i>Schedule G</i> to fill out Column 2. |

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

Column 1: Your codebtor

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| is: Inded filing Inded filing Indent showing post-petition chapter 1: Is as of the following date: Index of the following date: Inde |
|--|
| anded filing ement showing post-petition chapter 1: s as of the following date:  0/YYYY  12/1: d Debtor 2), both are and your spouse is living filing with you, do not form. On the top of any   |
| ement showing post-petition chapter 1 is as of the following date:  2/YYYY  12/1  d Debtor 2), both are and your spouse is living filing with you, do not form. On the top of any  |
| d Debtor 2), both are and your spouse is living filing with you, do not form. On the top of any  |
| s as of the following date:  12/1: d Debtor 2), both are and your spouse is living filing with you, do not form. On the top of any   |
| d Debtor 2), both are and your spouse is living filing with you, do not form. On the top of any  |
| d Debtor 2), both are and your spouse is living filing with you, do not form. On the top of any  |
| d Debtor 2), both are and your spouse is living filing with you, do not form. On the top of any  |
| d Debtor 2), both are and your spouse is living filing with you, do not form. On the top of any  |
| and your spouse is living filing with you, do not form. On the top of any  |
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Official Form 106I Schedule I: Your Income page 1

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| Debtor 1 Alocia   |   | thers               | Case number                | (if known)                        |                         |
|---|---|---------------------|----------------------------|-----------------------------------|-------------------------|
| First Name  | Middle Name Las   | st Name             | For Debtor 1               | For Debtor 2 or non-filing spouse |                         |
| Copy line 4 here  |   | 4.                  | \$1,210.97                 |                                   |                         |
| 5. List all payroll deductions:   |   |                     |                            |                                   |                         |
| 5a. Tax, Medicare, and Social Secu  | rity deductions   | 5a.                 | \$117.65                   |                                   |                         |
| 5b. Mandatory contributions for re  |   | 5b.                 | \$0.00                     |                                   |                         |
| 5c. Voluntary contributions for ref   | •   | 5c.                 | \$0.00                     |                                   |                         |
| 5d. Required repayments of retire   | •   | 5d.                 | \$0.00                     | <u> </u>                          |                         |
| 5e. Insurance   | ment runa loans   | 5e.                 | \$0.00                     |                                   |                         |
| 5f. Domestic support obligations  |   | 5e.<br>5f.          |                            |                                   |                         |
|   |   | -                   | \$0.00                     |                                   |                         |
| <ul><li>5g. Union dues</li><li>5h. Other deductions. Specify:</li></ul>   |   | 5g.                 | \$0.00<br>\$0.00 +         |                                   |                         |
|   |   | 5h. + _             |                            | ·                                 |                         |
| <ol> <li>Add the payroll deductions. Add lin<br/>+5h.</li> </ol>  | es 5a + 50 + 50 + 50 + 5e +5i + 5   | ig 6. <sub>.</sub>  | \$117. <u>65</u>           |                                   |                         |
| 7. Calculate total monthly take-home  | <b>pay.</b> Subtract line 6 from line 4.  | 7.                  | \$1,093.32                 |                                   |                         |
| 8. List all other income regularly rece   | ived:   |                     |                            |                                   |                         |
| 8a. Net income from rental proper<br>business, profession, or farm<br>Attach a statement for each prope   |   |                     |                            |                                   |                         |
| receipts, ordinary and necessary be monthly net income.   |   | 8a. <u> </u>        | \$0.00                     |                                   |                         |
| 8b. Interest and dividends  |   | 8b.                 | \$0.00                     |                                   |                         |
| 8c. Family support payments that dependent regularly receive  | you, a non-filing spouse, or a  |                     |                            |                                   |                         |
| Include alimony, spousal support, divorce settlement, and property s  |   | 8c.                 | \$0.00                     |                                   |                         |
| 8d. Unemployment compensation   |   | 8d.                 | \$0.00                     | -                                 |                         |
| 8e. Social Security   |   | 8e.                 | \$0.00                     |                                   |                         |
| 8f. Other government assistance to Include cash assistance and the values assistance that you receive, such a the Supplemental Nutrition Assistance subsidies | alue (if known) of any non-cash<br>as food stamps (benefits under<br>ance Program) or housing |                     |                            |                                   |                         |
| Specify: Food Assistance Program  |   | 8f.                 | \$453.00                   | -                                 |                         |
| 8g. Pension or retirement income  |   | 8g                  | \$0.00                     |                                   |                         |
| 8h. Other monthly income. Specify   |   | 8h. + _             | \$0.00 +                   |                                   |                         |
| 9. Add all other income Add lines 8a +  | 8b + 8c + 8d + 8e + 8f +8g + 8h.  | 9.                  | \$453.00                   |                                   |                         |
| 10. Calculate monthly income. Add line Add the entries in line 10 for Debtor 1  |   | 10.<br>e            | \$1,546.32                 |                                   | <b>=</b> \$1,546.32     |
| 11. State all other regular contribution Include contributions from an unmarrie relatives.  | ed partner, members of your house   | ehold, your depe    | ndents, your roommates     |                                   |                         |
| Do not include any amounts already in   | nouded in lines 2-10 of afficults th  | iai ai e HUl avalla | uie iu pay experises liste |                                   | 11 1 00.00              |
| Specify:  |   |                     |                            |                                   | 11. + \$0.00            |
| 12. <b>Add the amount in the last colum</b> Write that amount on the <i>Summary</i> of  |   |                     |                            |                                   | 12. \$1,546.32          |
|   |   |                     |                            |                                   | Combined monthly income |
| 13. Do you expect an increase or deci   | ease within the year after you f  | ile this form?      |                            |                                   |                         |
| No.   |   |                     |                            |                                   |                         |
| Yes. Explain:   | -   |                     |                            |                                   | $\exists$               |
|   |   |                     |                            |                                   |                         |

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| Fill in this inform         | nation to identify your                      | coco:  |  |                   |                                 |
|-----------------------------|--|--|--|-------------------|---------------------------------|
| FIII III UIIS IIIIOIII      | lation to identity your                      | Case.  |  |                   |                                 |
| Debtor 1                    | Alocia<br>First Name                         | L.<br>Middle Name  | Rathers Last Name  |                   |                                 |
| Debtor 2                    | riistivaille                                 | Middle Name  | Last Name  | Check if this is: |                                 |
| (Spouse, if filing          | First Name                                   | Middle Name  | Last Name  | An amended filir  | na                              |
| United States B             | ankruptcy Court for the                      | he: Northern   | District of Illinois   |                   | nowing post-petition chapter 13 |
|                             | , ,  |  | (State)  |                   | he following date:              |
| Case number (If known)      |  |  |  |                   | <del></del>                     |
|                             |  |  |  | MM / DD / YYY     | Y                               |
| Official I                  | <del>-orm 106เ</del>                         | <u>J</u>   |  |                   |                                 |
| Schedul                     | e J: Your                                    | Expenses   |  |                   | 12/1                            |
| information. If r           | more space is need<br>wer every question.    | led, attach another sheet to this                              | e filing together, both are equally reform. On the top of any additional |                   |                                 |
| Part 1: Desc                | ribe Your Hous                               | sehold   |  |                   |                                 |
| 1. Is this a join           | t case?                                      |  |  |                   |                                 |
| ✓ No. Go                    | to line 2                                    |  |  |                   |                                 |
| Yes. Do                     | es Debtor 2 live in                          | a separate household?  |  |                   |                                 |
|                             | No   |  |  |                   |                                 |
| Г                           | Yes. Debtor 2 mus                            | st file Official Forms 106J-2, Expens                          | ses for Separate Household of Debtor                                     | · 2.              |                                 |
| 2. Do you have              | -<br>•                                       | 7 No   | ·  |                   |                                 |
| dependents?                 | _  | <u>.</u><br>-  |  |                   |                                 |
| Do not list De<br>Debtor 2. | ebtor 1 and                                  | Yes. Fill out this information for each dependent              | Dependent's relationship to<br>Debtor 1 or Debtor 2                      | Dependent's       | Does dependent live with you?   |
| Doblor 2.                   |  | Caon acpondone   | Child  | age               | No.                             |
|                             |  |  | Office   |                   | ✓ Yes.                          |
|                             |  |  | Child  |                   | No.                             |
|                             |  |  |  |                   | ✓ Yes.                          |
| 3. Do your exp              | enses include<br>f people other              | No   |  |                   |                                 |
| than                        | people other                                 |  |  |                   |                                 |
| yourself and dependents     | -  | Yes  |  |                   |                                 |
| dependents                  | ) <u> </u>                                   |  |  |                   |                                 |
| Part 2: Estir               | nate Your Ongo                               | ing Monthly Expenses   |  |                   |                                 |
|                             | of a date after the ba                       |  | ou are using this form as a supple<br>plemental Schedule J, check the b  |                   |                                 |
|                             | •  | on-cash government assistance ed it on Schedule I: Your Income | •  |                   | Your expenses                   |
|                             | or home ownership<br>r the ground or lot. 4. | expenses for your residence. In                                | clude first mortgage payments and  |                   | <b>\$0.00</b>                   |
| If not inclu                | uded in line 4:                              |  |  |                   |                                 |
| 4a. Real es                 | state taxes                                  |  |  |                   | 4a <b>\$0.00</b>                |
| 4b. Propert                 | y, homeowner's, or r                         | enter's insurance  |  |                   | 4b. <b>\$0.00</b>               |
| 4c. Home r                  | naintenance, repair, a                       | and upkeep expenses  |  |                   | 4c. <b>\$0.00</b>               |
| 4d. Homeo                   | wner's association o                         | r condominium dues   |  | 4d. <b>\$0.00</b> |                                 |

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Rathers

Debtor 1

Case number (if known) Alocia First Name Middle Name Last Name Your expenses 5. Additional mortgage payments for your residence, such as home equity loans \$0.00 5. 6. Utilities: 6a. Electricity, heat, natural gas \$0.00 6a. 6b. Water, sewer, garbage collection \$0.00 6b. 6c. Telephone, cell phone, Internet, satellite, and cable services \$50.00 6c. 6d. Other. Specify: CELL PHONE \$65.00 6d 7. Food and housekeeping supplies \$698.00 7. 8. Childcare and children's education costs \$0.00 8. 9. Clothing, laundry, and dry cleaning 9. \$65.00 10. Personal care products and services 10. \$55.00 11. Medical and dental expenses \$70.00 11. 12. Transportation. Include gas, maintenance, bus or train fare. \$250.00 12. Do not include car payments 13. Entertainment, clubs, recreation, newspapers, magazines, and books \$0.00 13. 14. Charitable contributions and religious donations \$0.00 14. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance \$0.00 15a 15b. Health insurance \$0.00 15b 15c. Vehicle insurance 15c \$53.00 15d. Other insurance. Specify: \_\_\_ 15d \$0.00 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: \$0.00 16 17. Installment or lease payments: 17a. Car payments for Vehicle 1 17a \$0.00 17b. Car payments for Vehicle 2 17b \$0.00 17c. Other. Specify: \$0.00 17c 17d. Other. Specify: \$0.00 17d 18. Your payments of alimony, maintenance, and support that you did not report as deducted from \$0.00 your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. 19. Other payments you make to support others who do not live with you. Specify: \$0.00 19. 20.Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property \$0.00 20a 20b. Real estate taxes. \$0.00 20h 20c. Property, homeowner's, or renter's insurance \$0.00 20c 20d. Maintenance, repair, and upkeep expenses. \$0.00 20d 20e. Homeowner's association or condominium dues \$0.00 20e

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| Debtor 1          |   |                      | L.                                 | Rathers   | Case number (if known) |     |   |            |  |
|-------------------|---|----------------------|------------------------------------|---|------------------------|-----|---|------------|--|
|                   | First Na  | -                    | Middle Name                        | Last Name   |                        |     |   |            |  |
| 21.Other          | . Specif  | ý:                   |                                    |   |                        | 21  | - | \$0.00     |  |
|                   |   |                      |                                    |   |                        |     |   |            |  |
| 22. Calcu         | ulate yo  | our monthly exper    | nses.                              |   |                        |     |   | \$1,306.00 |  |
| 22a. A            | Add line  | s 4 through 21.      |                                    |   |                        |     |   | \$0.00     |  |
| 22b. 0            | Copy lin  | e 22 (monthly expe   | enses for Debtor 2), if any, fro   | om Official Form 106J-2   |                        |     |   | \$1,306.00 |  |
| 22c. A            | Add line  | 22a and 22b. The r   | result is your monthly expen       | ses.  |                        | 22. |   |            |  |
| 23.Calcu          | ılate yo  | ur monthly net in    | come.                              |   |                        |     |   |            |  |
| 23a. (            | 23a. Copy line 12 (your combined monthly income) from Schedule I. |                      |                                    |   |                        |     |   |            |  |
| 23b. C            | 23b. Copy your monthly expenses from line 22 above.               |                      |                                    |   |                        |     |   |            |  |
| 23c. S            | Subtract  | your monthly exper   | nses from your monthly inco        | me.   |                        |     |   | \$240.32   |  |
|                   | The res   | sult is your monthly | net income.                        |   |                        | 23c | - | <u> </u>   |  |
| 24. <b>Do y</b> e | ou expe   | ect an increase or   | decrease in your expens            | es within the year after yo                                       | u file this form?      |     |   |            |  |
|                   |   |                      | Caiala a a da a fano a a a a a a a |   |                        |     |   |            |  |
|                   |   |                      |                                    | n within the year or do you ex<br>nodification to the terms of yo |                        |     |   |            |  |
| <b>√</b> 1        | No  |                      |                                    |   |                        |     |   |            |  |
|                   | /   |                      |                                    |   |                        |     |   |            |  |
|                   | Yes   |                      |                                    |   |                        |     |   |            |  |
|                   |   | Explain here:        |                                    |   |                        |     |   |            |  |
|                   |   |                      |                                    |   |                        |     |   |            |  |
|                   |   |                      |                                    |   |                        |     |   |            |  |
|                   |   |                      |                                    |   |                        |     |   |            |  |
|                   |   |                      |                                    |   |                        |     |   |            |  |
|                   |   |                      |                                    |   |                        |     |   |            |  |
|                   |   |                      |                                    |   |                        |     |   |            |  |

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| Fill in this information to identify your case: |                          |                   |                              |   |  |  |  |
|---|--------------------------|-------------------|------------------------------|---|--|--|--|
| Debtor 1  | Alocia<br>First Name     | L.<br>Middle Name | Rathers<br>Last Name         | _ |  |  |  |
| Debtor 2<br>(Spouse, if filing                  | ) First Name             | Middle Name       | Last Name                    | _ |  |  |  |
| United States B                                 | ankruptcy Court for the: | Northern          | District of Illinois (State) | _ |  |  |  |
| Case number<br>(If known)                       |                          |                   | (State)                      | _ |  |  |  |

### Official Form 106Dec

### Check if this is an amended filing

### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Par | t1: Sign Below   |   |  |  |  |  |  |  |  |
|-----|--|---|--|--|--|--|--|--|--|
|     | Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?  |   |  |  |  |  |  |  |  |
|     | ✓ No   |   |  |  |  |  |  |  |  |
|     | Yes. Name of person  | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |  |  |  |  |  |  |  |
|     |  |   |  |  |  |  |  |  |  |
|     |  |   |  |  |  |  |  |  |  |
|     | Under penalty of perjury, I declare that I have read the summary arthat they are true and correct. | nd schedules filed with this declaration and  |  |  |  |  |  |  |  |
| ×   | /s/ Alocia Rathers   | ×   |  |  |  |  |  |  |  |
|     | Signature of Debtor 1  | Signature of Debtor 2   |  |  |  |  |  |  |  |
|     | Date 9/23/2016   | Date  |  |  |  |  |  |  |  |
|     | MM/DD/YYYY   | MM/DD/YYYY  |  |  |  |  |  |  |  |

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| Fill in this info          | ormation to identify your ca   | se:                     |                               |                             |                    |                                    |
|----------------------------|--------------------------------|-------------------------|-------------------------------|-----------------------------|--------------------|------------------------------------|
| Debtor 1                   | Alocia                         | L.                      | Rathers                       |                             |                    |                                    |
| Debtor 2                   | First Name                     | Middle                  | Name Last Nan                 | ne                          |                    |                                    |
|                            | ing) First Name                | Middle                  | Name Last Nan                 | ne                          |                    |                                    |
| United States              | s Bankruptcy Court for the:    | Northern                | District of Illino            | ois                         |                    |                                    |
| Case numbe                 | r                              |                         | (Sta                          | te)                         |                    |                                    |
| (If known)                 |                                |                         |                               |                             |                    |                                    |
| Official                   | Form 107                       |                         |                               |                             |                    | Check if this is an amended filing |
|                            |                                |                         |                               | . I. E''                    |                    | ŭ                                  |
| Statem                     | ent of Financ                  | ciai Affair             | s for individu                | als Filing for B            | ankruptcy          | 12/1                               |
|                            |                                |                         |                               |                             |                    | correct information. If more       |
| space is need<br>question. | ded, attach a separate sh      | neet to this form.      | On the top of any addition    | al pages, write your name a | nd case number (if | known). Answer every               |
| <sub>fuestion</sub> .      |                                |                         |                               |                             |                    |                                    |
| Part 1: Giv                | ve Details About You           | ur Marital Stat         | us and Where You Liv          | ved Before                  |                    |                                    |
| 1. What                    | is your current marital s      | status?                 |                               |                             |                    |                                    |
| _                          | Married                        |                         |                               |                             |                    |                                    |
|                            | lot married                    |                         |                               |                             |                    |                                    |
| <u>.</u>                   | iot mamou                      |                         |                               |                             |                    |                                    |
| 2. During                  | g the last 3 years, have y     | ou lived anywher        | e other than where you live   | e now?                      |                    |                                    |
| ✓ N                        | lo                             |                         |                               |                             |                    |                                    |
| Y                          | es. List all of the places you | ı lived in the last 3 y | years. Do not include where y | ou live now.                |                    |                                    |
| D                          | ebtor 1:                       |                         | Dates Debtor 1 lived          | Debtor 2:                   |                    | Dates Debtor 2 lived               |
|                            |                                |                         | there                         |                             |                    | there                              |
|                            |                                |                         |                               | Same as Debtor 1            |                    | Same as Debtor 1                   |
| _                          |                                |                         | Face of                       |                             |                    | <b>5</b>                           |
| N                          | lumber Street                  |                         | From                          | Number Street               |                    | From                               |
| _                          |                                |                         | To                            |                             |                    | To                                 |
| -                          | ity State                      | Zip Code                |                               | City State                  | Zip Code           |                                    |
|                            | oily State                     | Zip Code                |                               | Same as Debtor 1            | Zip Code           | Same as Debtor 1                   |
|                            |                                |                         |                               | Came as Debior 1            |                    | Carno ao Dobior 1                  |
| N                          | lumber Street                  |                         | From                          | Number Street               |                    | From                               |
| _                          | -                              |                         | To                            |                             |                    | To                                 |
|                            |                                |                         |                               |                             |                    |                                    |
| C                          | ity State                      | Zip Code                |                               | City State                  | Zip Code           |                                    |

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

**✓** No

Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

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| Debtor 1               |   | Rathe Name Last  | ners Case n  | umber (if known)   |  |
|------------------------|---|--|--|--|--|
| art 2:                 | Explain the Sources of Your   |  |  |  |  |
| . <b>Did</b><br>Fill i | you have any income from employn<br>in the total amount of income you receive<br>vities. If you are filing a joint case and you<br>No<br>Yes. Fill in the details.                            | nent or from operating a led from all jobs and all bus                 | inesses, including part-time                                     |  | vears?   |
|                        |   | Debtor 1   |  | Debtor 2   |  |
|                        |   | Sources of income<br>Check all that apply.                             | Gross income<br>(before deductions and<br>exclusions)            | Sources of income<br>Check all that apply.   | Gross income<br>(before deductions and<br>exclusions)            |
|                        | rom January 1 of current year until<br>ne date you filed for bankruptcy:  | ✓ Wages,<br>commissions,<br>bonuses, tips<br>☐ Operating a<br>business | \$7740.53  | <ul><li>Wages,</li><li>commissions,</li><li>bonuses, tips</li><li>☐ Operating a</li><li>business</li></ul> |  |
|                        | or last calendar year: lanuary 1 to December 31, 2015   | Wages, commissions, bonuses, tips Operating a business                 | \$2500.00  | Wages, commissions, bonuses, tips Operating a business   |  |
|                        | or the calendar year before that:<br>lanuary 1 to December 31, 2014   | Wages, commissions, bonuses, tips Operating a business                 |  | ☐ Wages, commissions, bonuses, tips ☐ Operating a business   |  |
| bene case              | ide income regardless of whether that incefit payments; pensions; rental income; in and you have income that you received each source and the gross income from No  Yes. Fill in the details. | nterest; dividends; money o<br>together, list it only once un          | ollected from lawsuits; royalties der Debtor 1.                  | ; and gambling and lottery win   |  |
|                        |   | Debtor 1   |  | Debtor 2   |  |
|                        |   | Sources of income<br>Describe below.                                   | Gross income from each source (before deductions and exclusions) | Sources of income<br>Describe below.   | Gross income from each source (before deductions and exclusions) |
|                        | From January 1 of current year until<br>he date you filed for bankruptcy:   | ESTIMATED LINK   | \$3,624.00   |  |  |
|                        | For last calendar year:  January 1 to December 31, 2015  YYYYY  | ESTIMATED LINK   | \$6,132.00   |  |  |
|                        | For the calendar year before that:  January 1 to December 31, 2014  YYYY  | ESTIMATED LINK   | \$6,132.00   |  |  |
|                        |   |  |  |  |  |

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| 1 Alocia<br>First Name |                   | Middle Name  | Rathers Last Name   | Case nun   | ber (if known)                  |   |
|------------------------|-------------------|--|---|--|---------------------------------|---|
| List Cer               | rtain Paymer      | nts You Made i                                     | Before You Filed for  | Bankruptcy   |                                 |   |
| Liot Goi               | tuni i uyinoi     | no rou made i                                      | 201010 100 11100 101  | Danki aptoy  |                                 |   |
| e either Deb           | otor 1's or Debto | or 2's debts prima                                 | arily consumer debts?   |  |                                 |   |
|                        |                   | r <b>Debtor 2 has pri</b><br>al, family, or househ |   | Consumer debts are defined                             | l in 11 U.S.C. § 101(8) as "inc | urred by an individual  |
| During                 | g the 90 days bet | fore you filed for ba                              | nkruptcy, did you pay any cr  | editor a total of \$6,425* or m                        | ore?                            |   |
|                        | lo. Go to line 7. |  |   |  |                                 |   |
|                        | total amoun       | nt you paid that cred                              | om you paid a total of \$6,425<br>ditor. Do not include paymer<br>o, do not include payments to | nts for domestic support obli                          | gations, such as                |   |
| * Subj                 | ject to adjustmen | it on 4/01/19 and ev                               | very 3 years after that for cas   | ses filed on or after the date                         | of adjustment.                  |   |
| Yes. <b>Debt</b>       | or 1 or Debtor 2  | 2 or both have pri                                 | marily consumer debts.  |  |                                 |   |
| -                      |                   | _  | nkruptcy, did you pay any cr  | editor a total of \$600 or more                        | 9?                              |   |
| _                      | No. Go to line 7. | ,  | , 57 7 1 1 1 1 1 1 1 1  | *  |                                 |   |
|                        |                   | and and the second                                 | m you paid a total of \$600 o   | manage and the test of the con-                        |                                 |   |
|                        | that creditor     | r. Do not include pa                               | ayments for domestic suppo<br>ayments to an attorney for th                                     | ort obligations, such as child<br>his bankruptcy case. | support and                     | Was this payment  |
|                        |                   |  | Dates of payment  | Total amount paid                                      | Amount you still owe            | Was this payment for  |
| Creditor's             | Name              |  |   |  |                                 | Mortgage  |
| Ni wash an C           | t                 |  |   |  |                                 | Car   |
| Number S               | treet             |  |   |  |                                 | Credit card  Loan repaymer  |
|                        |                   |  |   |  |                                 | Suppliers or  |
| City                   | State             | Zip Code   |   |  |                                 | vendors  Other  |
| Creditor's             | Name              |  |   |  |                                 | Mortgage  |
|                        |                   |  |   |  |                                 |   |
| Number                 |                   |  |   |  |                                 | Car   |
| Number S               |                   |  |   |  |                                 | Credit card   |
| Number S               |                   |  |   |  |                                 | Credit card Loan repaymer   |
| Number S City          |                   | Zip Code   |   |  |                                 | Credit card Loan repaymer Suppliers or vendors  |
|                        | treet             | Zip Code   |   |  |                                 | Credit card Loan repaymen Suppliers or vendors Other  |
|                        | treet State       | Zip Code   |   |  |                                 | Credit card Loan repaymer Suppliers or vendors  |
| City                   | State Name        | Zip Code   |   |  |                                 | Credit card Loan repaymer Suppliers or vendors Other Mortgage                               |
| City  Creditor's       | State Name        | Zip Code   |   |  |                                 | Credit card Loan repaymer Suppliers or vendors Other Mortgage Car Credit card Loan repaymer |
| City  Creditor's       | State Name        | Zip Code   |   |  |                                 | Credit card Loan repaymer Suppliers or vendors Other Mortgage Car Credit card               |

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| Debtor 1              | Alocia<br>First Name                 |   | L.<br>Middle Name                          | Rath<br>Last                             | ners<br>Name                               | Case number (i                                 | f known)  |
|-----------------------|--------------------------------------|---|--|--|--|--|---|
| Insid<br>corp<br>ager | lers include your rorations of which | elatives; any<br>you are an of<br>or a business | general partners;<br>fficer, director, per | relatives of any gorson in control, or o | eneral partners; par<br>owner of 20% or mo | tnerships of which y<br>ore of their voting se | no was an insider? ou are a general partner; curities; and any managing mestic support obligations, |
| <b>✓</b>              | No<br>Yes. List all paym             | ents to an ins                                  | sider.                                     |  |  |  |   |
|                       |                                      |   |  | Dates of payment                         | Total amount paid                          | Amount you still owe                           | Reason for this payment   |
|                       | Insider's Name                       |   |  |  |  |  |   |
|                       | Number Street                        |   |  |  |  |  |   |
| _                     | City                                 | State   | Zip Code                                   |  |  |  |   |
|                       | Insider's Name                       |   |  |  |  |  |   |
|                       | Number Street                        |   |  |  |  |  |   |
|                       | City                                 | State   | Zip Code                                   |  |  |  |   |
| 3. With               |                                      | you filed fo                                    | r bankruptcy, die                          | d you make any լ                         | payments or trans                          | fer any property o                             | n account of a debt that benefited an   |
| _                     | de payments on c<br>No               | lebts guarante                                  | eed or cosigned b                          | y an insider.                            |  |  |   |
|                       | Yes. List all paym                   | ents that bene                                  | efited an insider.                         | D  |  |  | D ( 1)  |
|                       |                                      |   |  | Dates of payment                         | Total amount paid                          | Amount you still owe                           | Reason for this payment  Include creditor's name  |
|                       |                                      |   |  |  |  |  | module oreales estante  |
|                       | Insider's Name                       |   |  |  |  |  |   |
|                       | Number Street                        |   |  |  |  |  |   |
| _                     | City                                 | State   | Zip Code                                   |  |  |  |   |
|                       | Insider's Name                       |   |  |  |  |  |   |
|                       |                                      |   |  |  |  |  |   |
|                       | Number Street                        |   |  |  |  |  |   |

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| Deb  | tor 1  | Alocia<br>First Name                      | L.<br>Middle Na                                   | me       | Rathers<br>Last Name | c               | Case number (if I | known)   |                                     |
|------|--------|---|---|----------|----------------------|-----------------|-------------------|----------|-------------------------------------|
| Part | . 4.   |   | Actions, Reposs                                   |          |                      | e               |                   |          |                                     |
| СII  | . 4.   | identify Legal                            | Actions, Reposs                                   | essions, | and Foreciosure      | 3               |                   |          |                                     |
|      | List a |   | ou filed for bankrupto<br>uding personal injury c |          |                      |                 |                   |          | ng?<br>r custody modifications, and |
|      |        | No  |   |          |                      |                 |                   |          |                                     |
|      | П,     | Yes. Fill in the detai                    | ls.   |          |                      |                 |                   |          |                                     |
|      |        | Coop title                                |   | Nature   | of the case          | Court or a      | agency            |          | Status of the case                  |
|      |        | Case title                                |   |          |                      | Count Nove      |                   |          | Pending                             |
|      |        | Case number                               |   |          |                      | Court Nam       | ie                |          | On appeal                           |
|      |        | - Case Humber                             |   |          |                      | NumberSt        | reet              |          | Concluded                           |
|      |        |   |   |          |                      | City            | State             | Zip Code |                                     |
|      |        | Case title                                |   |          |                      |                 |                   |          | Pending                             |
|      |        |   |   |          |                      | Court Nam       | ne                |          | On appeal                           |
|      |        | Case number                               |   |          |                      | NumberSt        | reet              |          | Concluded                           |
|      |        |   |   |          |                      |                 |                   |          |                                     |
|      |        |   |   |          |                      | City            | State             | Zip Code |                                     |
|      | abla   | No. Go to line 11.  Yes. Fill in the info | rmation below.                                    |          | Describe the prop    | erty            |                   | Date     | Value of the property               |
|      |        | City of Chicago Do                        | epartment of Revenue                              |          | Impounded Vehicle    |                 |                   | 09/2016  | \$0                                 |
|      |        | Creditor's Name                           |   |          |                      |                 |                   |          |                                     |
|      |        | 121 North LaSalle                         | Street  |          | Explain what happ    | ened            |                   |          |                                     |
|      |        | Number Street                             |   |          | D. D                 |                 |                   |          |                                     |
|      |        |   |   |          | Property was re      |                 |                   |          |                                     |
|      |        | Chicago                                   | Illinois 6060                                     | 02       | Property was ga      |                 |                   |          |                                     |
|      |        | City                                      | State Zip C                                       |          | ✓ Property was at    | tached, seized, | or levied.        |          |                                     |
|      |        |   |   |          | Describe the prop    | erty            |                   | Date     | Value of the property               |
|      |        |   |   |          |                      |                 |                   |          | <u> </u>                            |
|      |        | Creditor's Name                           |   |          | Explain what happ    | amad            |                   |          |                                     |
|      |        | Number Street                             |   |          | Ехріаін жнаспарр     | eneu            |                   |          |                                     |
|      |        |   |   |          | Property was re      | possessed.      |                   |          |                                     |
|      |        |   |   |          | Property was fo      |                 |                   |          |                                     |
|      |        |   |   |          | Property was ga      |                 |                   |          |                                     |
|      |        | City                                      | State Zip C                                       | Code     | Property was at      | tached, seized, | or levied.        |          |                                     |

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| Debto  | or 1     | Alocia<br>First Name   | L.<br>Middle Name        | Rathers<br>Last Name       | Case number (if known)          |                          | _                   |
|--------|----------|--|--------------------------|----------------------------|---------------------------------|--------------------------|---------------------|
|        |          | hin 90 days before you file<br>ounts or refuse to make a p   |                          |                            | ank or financial institution, s | et off any amou          | nts from your       |
|        | <b>✓</b> | No<br>Yes. Fill in the details.  |                          |                            |                                 |                          |                     |
|        |          |  |                          | Describe the action th     | e creditor took                 | Date action was taken    | Amount              |
|        |          | Creditor's Name  |                          |                            |                                 |                          |                     |
|        |          | Number Street  |                          | Last 4 digits of account r | umber: XXXX-                    |                          |                     |
|        |          | City State   | Zip Code                 |                            |                                 |                          |                     |
|        |          | hin 1 year before you filed on the control on the control on the control of the c |                          | y of your property in the  | possession of an assignee fo    | or the benefit of        | creditors, a court- |
|        | <b>✓</b> | No<br>Yes  |                          |                            |                                 |                          |                     |
| Part ! |          | List Certain Gifts and   |                          |                            |                                 |                          |                     |
| 13.    | Wi       | thin 2 years before you file No  | ed for bankruptcy, did y | ou give any gifts with a t | otal value of more than \$600   | per person?              |                     |
|        |          | Yes. Fill in the details for ea  |                          | Describe the wife          |                                 | Datas vari               | Value               |
|        |          | Gifts with a total value of<br>per person  | more than \$600          | Describe the gifts         |                                 | Dates you gave the gifts | Value               |
|        |          | Person to Whom You Gave  | the Gift                 |                            |                                 |                          |                     |
|        |          | Number Street  |                          |                            |                                 |                          |                     |
|        |          | City State  Person's relationship to you   | Zip Code                 |                            |                                 |                          |                     |
|        |          | Person to Whom You Gave  | the Gift                 |                            |                                 |                          |                     |
|        |          | Number Street  |                          |                            |                                 |                          |                     |
|        |          | City State  Person's relationship to you   | Zip Code                 |                            |                                 |                          |                     |

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| Deb  | tor 1    | Alocia<br>First Name  | L.<br>Middle Name     | Rathers<br>Last Name  | Case number (if known)                         |                       |                        |
|------|----------|---|-----------------------|---|--|-----------------------|------------------------|
| 14.  | Wit      | hin 2 years before you filed t  | for bankruptcy, did v | ou give any gifts or contribu   | itions with a total value of                   | more than \$600 t     | o any charity?         |
|      | <b>7</b> | No  |                       | ou g u, g o. o  |  |                       | - uy .                 |
|      |          | Yes. Fill in the details for each   | gift or contribution. |   |  |                       |                        |
|      |          | Gifts or contributions to contributions | harities              | Describe what you contri  | ibuted   | Date you contributed  | Value                  |
|      |          |   |                       |   |  |                       |                        |
|      |          | Charity's Name  |                       |   |  |                       |                        |
|      |          |   |                       |   |  |                       |                        |
|      |          | Number Street   |                       |   |  |                       |                        |
|      |          | City State  | Zip Code              |   |  |                       |                        |
| Part | 6:       | List Certain Losses   |                       |   |  |                       |                        |
|      |          | nin 1 year before you filed forbling?  No  Yes. Fill in the details.  Describe the property you how the loss occurred   |                       | Describe any insurance of Include the amount that insurance claims of pending insurance claims of | coverage for the loss<br>urance has paid. List | Date of your loss     | Value of property lost |
|      |          |   |                       | A/B: Property.  |  |                       |                        |
|      |          |   |                       |   |  |                       |                        |
|      |          | ut seeking bankruptcy or prode any attorneys, bankruptcy properties.  No  Yes. Fill in the details.   |                       |   |  | ruptcy.  Date payment | Amount of              |
|      |          |   |                       | transferred   |  | or transfer was made  | payment                |
|      |          | Walters, Corey  |                       | Attorney's Fee - 350.00   |  | 9/23/2016             | \$350.00               |
|      |          | Person Who Was Paid   |                       |   |  |                       |                        |
|      |          | Number Street   |                       |   |  |                       |                        |
|      |          |   |                       |   |  |                       |                        |
|      |          | City State  | Zip Code              |   |  |                       |                        |
|      |          | Email or website address  |                       |   |  |                       |                        |
|      |          | Person Who Made the Payme   | ent, if Not You       |   |  |                       |                        |
|      |          | Person Who Was Paid   |                       |   |  |                       |                        |
|      |          | Number Street   |                       |   |  |                       |                        |
|      |          | City State  | Zip Code              |   |  |                       |                        |
|      |          | Email or website address  |                       |   |  |                       |                        |
|      |          | Person Who Made the Payme   | ent, if Not You       |   |  |                       |                        |

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| Deb | tor 1 | Alocia  | L.                     | Rathers                                    | Case number (if known    | n)                                |                              |
|-----|-------|---|------------------------|--|--------------------------|-----------------------------------|------------------------------|
|     |       | First Name  | Middle Name            | Last Name                                  |                          |                                   |                              |
| 17. | help  | hin 1 year before you filed fo<br>o you deal with your creditors<br>not include any payment or trans<br>No<br>Yes. Fill in the details. | s or to make payments  |  | behalf pay or transfe    | r any property to a               | nyone who promised to        |
|     | Y     | res. Fill III the details.  |                        |  |                          |                                   |                              |
|     |       |   |                        | Description and value of any transferred   | property                 | Date payment or transfer was made | Amount of payment            |
|     |       | Lexington Law   |                        | Money for credit repair - \$30.00          |                          | 08/2016                           | \$30.00                      |
|     |       | Person Who Was Paid   |                        |  |                          |                                   |                              |
|     |       | 360 N Cutler Dr   |                        |  |                          |                                   |                              |
|     |       | Number Street   |                        |  |                          |                                   |                              |
|     |       |   |                        |  |                          |                                   |                              |
|     |       |   |                        |  |                          |                                   |                              |
|     |       | North Salt Lake Utah  | 84054                  |  |                          |                                   |                              |
|     |       | City State  | Zip Code               |  |                          |                                   |                              |
|     | Inclu | ordinary course of your busing the both outright transfers and sfers that you have already listed No Yes. Fill in the details.          | transfers made as secu | rs?<br>rity (such as the granting of a sec | urity interest or mortga | ge on your property               | ). Do not include gifts and  |
|     |       |   |                        | Description and value of any               | Describe a               | ny property or                    | Date                         |
|     |       |   |                        | property transferred                       |                          | received or debts                 |                              |
|     |       |   |                        |  |                          |                                   |                              |
|     |       | Person Who Received Transf  | fer                    |  |                          |                                   |                              |
|     |       | Number Street   |                        |  |                          |                                   |                              |
|     |       |   |                        |  |                          |                                   |                              |
|     |       |   |                        |  |                          |                                   |                              |
|     |       | City State Person's relationship to you   | Zip Code               |  |                          |                                   |                              |
|     |       | Person Who Received Transf  | fer                    |  |                          |                                   |                              |
|     |       | Number Street   |                        |  |                          |                                   |                              |
|     |       | City State  | Zip Code               |  |                          |                                   |                              |
|     |       | Person's relationship to you  | <u>_</u> ,p            |  |                          |                                   |                              |
| 19. |       | hin 10 years before you filed ese are often called asset-prote  |                        | ou transfer any property to a se           | lf-settled trust or sim  | ilar device of whic               | h you are a beneficiary?     |
|     |       | No<br>Von Fill in the details   |                        |  |                          |                                   |                              |
|     | Ш     | Yes. Fill in the details.   |                        |  |                          |                                   |                              |
|     |       |   |                        | Description and value of the               | e property transferre    | d                                 | Date<br>transfer was<br>made |
|     |       |   |                        |  |                          |                                   |                              |
|     |       | Name of trust   |                        |  |                          |                                   |                              |

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| Deb  | tor 1        | Alocia  | L.                       | Rathers  | Case number (if known)  |  |
|------|--------------|---|--------------------------|--|---|--|
|      |              | First Name  | Middle Name              | Last Name  |   |  |
| Part | 8:           | List Certain Finar  | ncial Accounts, Inst     | ruments, Safe Deposit Bo   | xes, and Storage Units  |  |
| 20.  | mov<br>Inclu | ved, or transferred?<br>ude checking, savings, r                  |                          | ancial accounts; certificates of depo  | ruments held in your name, or for your benefit, c   |  |
|      | <b>✓</b>     | No<br>Yes. Fill in the details.                                   |                          |  |   |  |
|      |              |   |                          | Last 4 digits of account number  | Type of account or instrument account was closed, sold, moved, or transferred   | Last balance<br>before<br>closing or<br>transfer |
|      |              | Person Who Was Paid   | I                        | XXXX-  | Checking Savings  |  |
|      |              | Number Street   |                          |  | Money market Brokerage Other  |  |
|      |              | City Sta  | ate Zip Code             |  |   |  |
|      |              | Person Who Was Paid   | I                        | XXXX-  | Checking Savings  |  |
|      |              | Number Street   |                          |  | <ul><li>☐ Money market</li><li>☐ Brokerage</li></ul>  |  |
|      |              | 0:1   | 7.0.1.                   |  | Other   |  |
|      |              | City Sta  | te Zip Code              |  |   |  |
| 21.  |              | you now have, or did yer valuables?  No Yes. Fill in the details. | you have within 1 year b | efore you filed for bankruptcy, and the second seco | ny safe deposit box or other depository for securing safe deposit box or other depositions are safe deposit box or other depositions and safe deposition safe deposit box or other depositions are safe depositions and safe deposition safe depositions are safe depositions are safe depositions and safe depositions are safe depositions are safe depositions and safe depositions are | rities, cash, or  Do you still                   |
|      |              |   |                          |  |   | have it?   |
|      |              | Name of Financial Ins   | titution                 | Name   |   | ☐ No ☐ Yes                                       |
|      |              | Number Street   |                          | Number Street  |   |  |
|      |              |   |                          | City State Zip   | Code  |  |
|      |              | City Stat   | e Zip Code               |  |   |  |
| 22.  | Hav          | e you stored property   | in a storage unit or pla | ce other than your home within   | I year before you filed for bankruptcy?   |  |
|      | <b>✓</b>     | No<br>Yes. Fill in the details.                                   |                          |  |   |  |
|      |              |   |                          | Who else had access to it?   | Describe the contents   | Do you still have it?                            |
|      |              | Name of Storage Fac   | ility                    | Name   |   | ☐ No ☐ Yes                                       |
|      |              | Number Street   |                          | Number Street  |   |  |
|      |              | City Stat   | te Zip Code              | City State Zip   | Code  |  |
|      |              |   |                          |  |   |  |

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| btor 1                                   |  |   | Rathers  |                                   | se number (if known)                      |                |
|--|--|---|--|-----------------------------------|---|----------------|
|  | First Name Middle Name   | L   | ast Name   |                                   |   |                |
| t 9:                                     | <b>Identify Property You Hold or Conf</b>  | rol for Som   | eone Else  |                                   |   |                |
|  |  |   |  |                                   |   | _              |
|  | you hold or control any property that some<br>neone.   | one else owns   | ? Include any  | property you b                    | porrowed from, are storing for, or hold i | n trust for    |
| 5011                                     | neone.   |   |  |                                   |   |                |
| <b>✓</b>                                 | No   |   |  |                                   |   |                |
|  | Yes. Fill in the details.  |   |  |                                   |   |                |
|  |  | Where is t  | he property?   |                                   | Describe the contents                     | Value          |
|  |  |   |  |                                   |   |                |
|  | Owner's Name   | Number Str  | eet  |                                   |   |                |
|  | Ni wakar Ctrast  | -   |  |                                   |   |                |
|  | Number Street  |   |  |                                   |   |                |
|  |  | City  | State  | Zip Code                          |   |                |
|  |  | Oity  | Olaic  | Zip Oodc                          |   |                |
|  | City State Zip Code  |   |  |                                   |   |                |
| t 10:                                    | Give Details About Environmenta  | l Informatio  | n  |                                   |   |                |
|  | C.70 Dotailo About Elivirolimenta  | 5111141101  |  |                                   |   |                |
| the p                                    | ourpose of Part 10, the following definitions appl   | y:  |  |                                   |   |                |
| • E                                      | Environmental law means any federal, state, or l   | ocal statute or re  | egulation conc   | erning pollution, c               | contamination, releases of                |                |
|  | nazardous or toxic substances, wastes, or mater  |   | •  | • .                               |   |                |
| ir                                       | ncluding statutes or regulations controlling the c   | leanup of these   | substances, v  | astes, or materia                 | al.                                       |                |
| <b>.</b> S                               | Site means any location, facility, or property as de   | efined under any  | environmental  | law, whether you                  | ı now own, operate, or utilize it         |                |
| 0  | or used to own, operate, or utilize it, including dis  | sposal sites.   |  |                                   |   |                |
|  |  |   |  |                                   |   |                |
| ■ <i>F</i>                               | Hazardous material means anything an environm  | nental law define   | s as a hazardo   | us waste, hazard                  | lous substance.                           |                |
|  | Hazardous material means anything an environmoxic substance, hazardous material, pollutant, c  |   |  | us waste, hazard                  | lous substance,                           |                |
| to                                       | oxic substance, hazardous material, pollutant, c   | ontaminant, or s  | imilar term.   |                                   | lous substance,                           |                |
| to                                       |  | ontaminant, or s  | imilar term.   |                                   | lous substance,                           |                |
| to<br>port a                             | oxic substance, hazardous material, pollutant, c   | ontaminant, or s  | imilar term.<br>rdless of when   | they occurred.                    |   |                |
| to<br>port a                             | oxic substance, hazardous material, pollutant, c   | ontaminant, or s  | imilar term.<br>rdless of when   | they occurred.                    |   | ,              |
| to<br>port a                             | oxic substance, hazardous material, pollutant, c   | ontaminant, or s  | imilar term.<br>rdless of when   | they occurred.                    |   | ,              |
| to<br>port a                             | oxic substance, hazardous material, pollutant, coall notices, releases, and proceedings that you know any governmental unit notified you that you  | ontaminant, or s  | imilar term.<br>rdless of when   | they occurred.                    |   | ,              |
| to<br>port a                             | oxic substance, hazardous material, pollutant, or all notices, releases, and proceedings that you know any governmental unit notified you that you have  | ontaminant, or s  | imilar term.<br>rdless of when<br>le or potentia   | they occurred.                    |   | Date of        |
| to<br>oort a                             | oxic substance, hazardous material, pollutant, or all notices, releases, and proceedings that you know any governmental unit notified you that you have  | ontaminant, or s<br>now about, regal  | imilar term.<br>rdless of when<br>le or potentia   | they occurred.                    | or in violation of an environmental law?  |                |
| to<br>oort a                             | oxic substance, hazardous material, pollutant, coall notices, releases, and proceedings that you know any governmental unit notified you that you have not seen that you have not seen the seen that you have not seen the seen that you have not seen that  | ontaminant, or s now about, regal ou may be liabl Governme  | imilar term. rdless of when le or potentia   | they occurred.                    | or in violation of an environmental law?  | Date of        |
| to<br>oort a                             | oxic substance, hazardous material, pollutant, or all notices, releases, and proceedings that you know any governmental unit notified you that you have  | ontaminant, or s<br>now about, regal  | imilar term. rdless of when le or potentia   | they occurred.                    | or in violation of an environmental law?  | Date of        |
| to<br>port a                             | oxic substance, hazardous material, pollutant, coall notices, releases, and proceedings that you know any governmental unit notified you that you have not seen that you have not seen the seen that you have not seen the seen that you have not seen that  | ontaminant, or s now about, regal ou may be liabl Governme  | imilar term. rdless of when le or potentia ental unit  | they occurred.                    | or in violation of an environmental law?  | Date of        |
| to<br>oort a                             | oxic substance, hazardous material, pollutant, coall notices, releases, and proceedings that you know any governmental unit notified you that you have not seen  | ontaminant, or s now about, regal ou may be liabl  Governme   | imilar term. rdless of when le or potentia ental unit  | they occurred.                    | or in violation of an environmental law?  | Date of        |
| to<br>oort a                             | oxic substance, hazardous material, pollutant, coall notices, releases, and proceedings that you know any governmental unit notified you that you have not seen  | ontaminant, or s now about, regal ou may be liabl  Governme   | imilar term. rdless of when le or potentia ental unit  | they occurred.                    | or in violation of an environmental law?  | Date of        |
| to<br>port a                             | oxic substance, hazardous material, pollutant, coall notices, releases, and proceedings that you know any governmental unit notified you that you have not not the same of site.  Name of site  Number Street  | Governmen  Number Streen  | imilar term. rdless of when le or potentia ental unit tal unit   | they occurred.                    | or in violation of an environmental law?  | Date of        |
| to<br>oort a                             | oxic substance, hazardous material, pollutant, coall notices, releases, and proceedings that you know any governmental unit notified you that you have not seen  | Governmen  Number Streen  | imilar term. rdless of when le or potentia ental unit tal unit   | they occurred.                    | or in violation of an environmental law?  | Date of        |
| to                                       | oxic substance, hazardous material, pollutant, coall notices, releases, and proceedings that you know any governmental unit notified you that you have any governmental unit notified you have any governmental unit notified you have any governmental unit notified you that you have any governmental unit notified you have any | Governme  Governme  Number Street   | imilar term. rdless of when le or potentia ental unit tal unit eet State   | they occurred.  Iy liable under o | or in violation of an environmental law?  | Date of        |
| to                                       | oxic substance, hazardous material, pollutant, coall notices, releases, and proceedings that you know any governmental unit notified you that you have not not the same of site.  Name of site  Number Street  | Governme  Governme  Number Street   | imilar term. rdless of when le or potentia ental unit tal unit eet State   | they occurred.  Iy liable under o | or in violation of an environmental law?  | Date of        |
| to port a                                | oxic substance, hazardous material, pollutant, co all notices, releases, and proceedings that you know any governmental unit notified you that you have any governmental unit notified you that you have yes. Fill in the details.  Name of site  Number Street  City State Zip Code  Ive you notified any governmental unit of any hazardous pollutant, or any governmental unit of any governmental unit o | Governme  Governme  Number Street   | imilar term. rdless of when le or potentia ental unit tal unit eet State   | they occurred.  Iy liable under o | or in violation of an environmental law?  | Date of        |
| to port a                                | oxic substance, hazardous material, pollutant, or all notices, releases, and proceedings that you know any governmental unit notified you that you have any governmental unit notified you that you have you.  No Yes. Fill in the details.  Name of site  Number Street  City State Zip Code  Ye you notified any governmental unit of any governmental u | Governme  Governme  Number Street   | imilar term. rdless of when le or potentia ental unit tal unit eet State   | they occurred.  Iy liable under o | or in violation of an environmental law?  | Date of        |
| to                                       | oxic substance, hazardous material, pollutant, co all notices, releases, and proceedings that you know any governmental unit notified you that you have any governmental unit notified you that you have yes. Fill in the details.  Name of site  Number Street  City State Zip Code  Ive you notified any governmental unit of any hazardous pollutant, or any governmental unit of any governmental unit o | Governme  Governme  Number Street   | imilar term. rdless of when le or potentia ental unit tal unit eet State   | they occurred.  Iy liable under o | or in violation of an environmental law?  | Date of notice |
| to port a                                | oxic substance, hazardous material, pollutant, co all notices, releases, and proceedings that you know any governmental unit notified you that you have any governmental unit notified you that you have yes. Fill in the details.  Name of site  Number Street  City State Zip Code  Ive you notified any governmental unit of any hazardous pollutant, or any governmental unit of any governmental unit o | Government  Government  Number Stro  City  y release of ha  | imilar term. rdless of when le or potentia ental unit tal unit eet State   | they occurred.  Iy liable under o | or in violation of an environmental law?  | Date of notice |
| to port a                                | oxic substance, hazardous material, pollutant, coall notices, releases, and proceedings that you know any governmental unit notified you that you know yes. Fill in the details.  No No Yes. Fill in the details.  Name of site  Number Street  City State Zip Code  Ve you notified any governmental unit of an No Yes. Fill in the details.  | Government | imilar term. rdless of when le or potentia ental unit tal unit eet State zardous mate                                      | they occurred.  Iy liable under o | or in violation of an environmental law?  | Date of notice |
| to port a                                | oxic substance, hazardous material, pollutant, co all notices, releases, and proceedings that you know any governmental unit notified you that you have any governmental unit notified you that you have yes. Fill in the details.  Name of site  Number Street  City State Zip Code  Ive you notified any governmental unit of any hazardous pollutant, or any governmental unit of any governmental unit o | Government  Government  Number Stro  City  y release of ha  | imilar term. rdless of when le or potentia ental unit tal unit eet State zardous mate                                      | they occurred.  Iy liable under o | or in violation of an environmental law?  | Date of notice |
| to port a                                | oxic substance, hazardous material, pollutant, coall notices, releases, and proceedings that you know any governmental unit notified you that you know yes. Fill in the details.  No No Yes. Fill in the details.  Name of site  Number Street  City State Zip Code  Ve you notified any governmental unit of an No Yes. Fill in the details.  | Government | imilar term. rdless of when le or potentia rntal unit tal unit eet State zardous mate                                      | they occurred.  Iy liable under o | or in violation of an environmental law?  | Date of notice |
| to port a                                | oxic substance, hazardous material, pollutant, co all notices, releases, and proceedings that you know any governmental unit notified you that you have any governmental unit notified you that you have yes. Fill in the details.  Name of site  Number Street  City State Zip Code  Ye you notified any governmental unit of any yes. Fill in the details.  No  No  Yes. Fill in the details.  | Governmen  Governmen  Governmen  Governmen  Governmen  Governmen  Governmen  Governmen  | imilar term. rdless of when le or potentia rntal unit tal unit eet State zardous mate                                      | they occurred.  Iy liable under o | or in violation of an environmental law?  | Date of notice |
| to port a                                | oxic substance, hazardous material, pollutant, co all notices, releases, and proceedings that you know any governmental unit notified you that you have any governmental unit notified you that you have yes. Fill in the details.  Name of site  Number Street  City State Zip Code  Ye you notified any governmental unit of any yes. Fill in the details.  No  No  Yes. Fill in the details.  | Governmen  Governmen  Governmen  City  Governmen  Governmen  Number Stro  | imilar term. rdless of when le or potentia rntal unit tal unit eet State zardous mate                                      | they occurred.  Iy liable under o | or in violation of an environmental law?  | Date of notice |
| to t | oxic substance, hazardous material, pollutant, co all notices, releases, and proceedings that you know any governmental unit notified you that you have any governmental unit notified you that you have yes. Fill in the details.  Name of site  Number Street  City State Zip Code  Ye you notified any governmental unit of any yes. Fill in the details.  No  No  Yes. Fill in the details.  | Governmen  Governmen  Governmen  Governmen  Governmen  Governmen  Governmen  Governmen  | imilar term. rdless of when rdless of when re or potentia rntal unit tal unit eet State  zardous mate rntal unit etal unit | zip Code                          | or in violation of an environmental law?  | Date of notice |

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| Deb  | tor 1                   | Alocia                |                 | L.                  | Rathers                          | Case                 | e number (if known)                   |                |
|------|-------------------------|-----------------------|-----------------|---------------------|----------------------------------|----------------------|---------------------------------------|----------------|
|      |                         | First Name            |                 | Middle Name         | Last Name                        |                      |                                       |                |
| 26.  | Hav                     | e vou been a nart     | / in any iudia  | cial or administr   | ative proceeding under           | any environment      | al law? Include settlements and order | 'S.            |
| 20.  |                         | e you been a party    | , in any juan   | ciai or administr   | ative proceeding under           | arry errymonnieria   | ariaw: include settlements and order  | J.             |
|      | $\overline{\mathbf{Z}}$ | No                    |                 |                     |                                  |                      |                                       |                |
|      |                         | Yes. Fill in the deta | ils.            |                     |                                  |                      |                                       |                |
|      |                         |                       |                 |                     | Court or agency                  |                      | Nature of the case                    | Status of the  |
|      |                         |                       |                 |                     |                                  |                      |                                       | case           |
|      |                         | Case title            |                 |                     |                                  |                      |                                       | Pending        |
|      |                         |                       |                 |                     | Court Name                       |                      |                                       |                |
|      |                         | -                     |                 |                     |                                  |                      |                                       | On appeal      |
|      |                         | Case number           |                 |                     | Number Street                    |                      |                                       | Concluded      |
|      |                         |                       |                 |                     | Cit. Ctata                       | Zin Code             |                                       |                |
|      |                         |                       |                 |                     | City State                       | Zip Code             |                                       |                |
| Part | : 11:                   | Give Details A        | bout Your       | Business or         | Connections to An                | y Business           |                                       |                |
|      |                         | •                     |                 |                     |                                  | •                    |                                       |                |
| 27.  | Witl                    | nin 4 years before    | you filed for   | bankruptcy, did     | I you own a business or          | have any of the fe   | ollowing connections to any busines   | s?             |
|      |                         | □ A colo proprior     | or or oalf am   | played in a trade   | profession or other activity     | a cithor full time o | r port time                           |                |
|      |                         |                       |                 |                     | profession, or other activit     |                      | r part-time                           |                |
|      |                         |                       |                 | ity company (LLC    | c) or limited liability partners | snip (LLP)           |                                       |                |
|      |                         | A partner in a        |                 |                     |                                  |                      |                                       |                |
|      |                         |                       |                 | aging executive of  |                                  |                      |                                       |                |
|      |                         | An owner of at        | t least 5% of t | the voting or equit | y securities of a corporation    | n                    |                                       |                |
|      | <b>V</b>                | No. None of the abo   | ove applies. C  | So to Part 12.      |                                  |                      |                                       |                |
|      | П                       |                       |                 |                     | ls below for each business       | i <u>.</u>           |                                       |                |
|      |                         |                       | ,               |                     | Describe the natu                |                      | ss Employer Identification r          | number Do not  |
|      |                         |                       |                 |                     | 2000mbo tilo mate                |                      | include Social Security n             |                |
|      |                         |                       |                 |                     |                                  |                      | EIN:                                  |                |
|      |                         | Business Name         |                 |                     | _                                |                      | LIIV.                                 |                |
|      |                         |                       |                 |                     | _                                |                      | Datas kasalasas salata I              |                |
|      |                         | Number Street         |                 |                     | Name of account                  | ant or bookkeens     | Dates business existed                |                |
|      |                         |                       |                 |                     |                                  | ant or bookkeepe     |                                       |                |
|      |                         | City                  | State           | Zip Code            |                                  |                      | From To                               |                |
|      |                         |                       |                 |                     |                                  |                      |                                       |                |
|      |                         |                       |                 |                     |                                  |                      |                                       |                |
|      |                         |                       |                 |                     | Describe the natu                | re of the busines    | ss Employer Identification r          | number Do not  |
|      |                         |                       |                 |                     |                                  |                      | include Social Security n             | umber or ITIN. |
|      |                         | -                     |                 |                     |                                  |                      | EIN:                                  |                |
|      |                         | Business Name         |                 |                     |                                  |                      |                                       |                |
|      |                         |                       |                 |                     | _                                |                      | Dates business existed                |                |
|      |                         | Number Street         |                 |                     | Name of account                  | ant or bookkeepe     |                                       |                |
|      |                         | -                     |                 |                     |                                  |                      |                                       |                |
|      |                         | City                  | State           | Zip Code            |                                  |                      | From To                               | <u></u>        |
|      |                         |                       |                 |                     |                                  |                      |                                       |                |
|      |                         |                       |                 |                     |                                  |                      |                                       |                |
|      |                         |                       |                 |                     | Describe the natu                | re of the busines    |                                       |                |
|      |                         |                       |                 |                     |                                  |                      | include Social Security n             |                |
|      |                         |                       |                 |                     |                                  |                      | EIN:                                  |                |
|      |                         | Business Name         |                 |                     |                                  |                      |                                       |                |
|      |                         |                       |                 |                     |                                  |                      | Dates husiness svieted                |                |
|      |                         | Number Street         |                 |                     | Name of account                  | ant or hookkeens     | Dates business existed                |                |
|      |                         |                       |                 |                     |                                  | ant or bookkeepe     |                                       |                |
|      |                         | City                  | State           | Zip Code            |                                  |                      | FromTo                                |                |
|      |                         |                       |                 |                     |                                  |                      |                                       |                |
|      |                         |                       |                 |                     |                                  |                      |                                       |                |

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| Debtor   |                      |                      | L.                  | Rathers                         | Case number (if known)  |
|----------|----------------------|----------------------|---------------------|---------------------------------|---|
|          | First Name           |                      | Middle Name         | Last Name                       |   |
|          | Within 2 years       | •                    | r bankruptcy, did y | ou give a financial stateme     | nt to anyone about your business? Include all financial institutions,   |
|          | ✓ No<br>Yes. Fill in | the details below.   |                     |                                 |   |
|          |                      |                      |                     | Date issued                     |   |
|          | Name                 |                      |                     | MM/DD/YYYY                      |   |
|          | Number               | Ctroot               |                     | _                               |   |
|          | Number               | Sireet               |                     |                                 |   |
|          | City                 | State                | Zip Code            |                                 |   |
| Part 1   | 2: Sign Bo           | elow                 |                     |                                 |   |
| tru      | ue and correc        | t. I understand that | making a false sta  | atement, concealing proper      | nts, and I declare under penalty of perjury that the answers are<br>y, or obtaining money or property by fraud in connection with a<br>ears, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |
|          | ×                    | /s/ Alocia Rathe     | ers                 |                                 | ×   |
|          |                      | Signature of Debto   |                     |                                 | Signature of Debtor 2   |
|          |                      | Date 9/23/2016       |                     |                                 | Date  |
| Di       | d you attach         | additional pages to  | Your Statement o    | f Financial Affairs for Indivi  | duals Filing for Bankruptcy (Official Form 107)?  |
| <b>✓</b> | No No                |                      |                     |                                 |   |
|          | Yes                  |                      |                     |                                 |   |
| Di       | d you pay or         | agree to pay somed   | ne who is not an a  | attorney to help you fill out b | ankruptcy forms?  |
| <b>✓</b> | No                   |                      |                     |                                 |   |
|          | Yes. Name            | of person            |                     |                                 | Attach the Bankruptcy Petition Preparer's Notice,<br>Declaration, and Signature (Official Form 119).  |

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy,

and

Your debts are primarily consumer debts.

Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11 Reorganization
- Chapter 12 Voluntary repayment plan for family farmers or fishermen
- Chapter 13 Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

### **Chapter 7: Liquidation**

|   | \$245 | filing fee         |
|---|-------|--------------------|
|   | \$75  | administrative fee |
| + | \$15  | trustee surcharge  |
|   | \$335 | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes:
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft:
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form — the Chapter 7 Means Test Calculation (Official Form 122A–2). The calculations on the form— sometimes called the Means Test —deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### Chapter 11: Reorganization

|   | \$1,167 | filing fee         |
|---|---------|--------------------|
| + | \$550   | administrative fee |
|   | \$1,717 | total fee          |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$275 | total fee          |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$200 | filing fee         |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes.
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.

### Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together - called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

http://www.justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit 20AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

B 203 (12/94)

### UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

| In re  | Alocia L. Rathers   |  | Case No.   |  |  |  |  |
|--------|---|--|--|--|--|--|--|
|        | Debtor  |  |  | (If known)   |  |  |  |
|        |   |  | Chapter  | Chapter 13   |  |  |  |
|        | DISCLOSURE OF   | COMPENSATION   | OF ATTORNEY FO   | OR DEBTOR  |  |  |  |
| 1.     | Pursuant to 11 U.S.C. § 329(a) a that compensation paid to me wi services rendered or to be rende is as follows:          | nd Fed. Bankr. P. 2016(b), I ce                                    | ertify that I am the attorney for t                                  | he abovenamed debtor(s) and  |  |  |  |
|        | For legal services, I have agreed   | to accept  |  | \$4,000.0  |  |  |  |
|        | Prior to the filing of this statement   | nt I have received   |  | \$350.0  |  |  |  |
|        | Balance Due   |  |  | \$3,650.0  |  |  |  |
| 2.     | The source of the compensation  | paid to me was:  |  | Address of the state of the sta |  |  |  |
|        | <b>Z</b> Debtor   | Other (specify)  |  | 1  |  |  |  |
| 3,     | The source of the compensation  | paid to me is:   |  | ,,   |  |  |  |
|        | <b>✓</b> Debtor   | Other (specify)  |  |  |  |  |  |
| 4.     | I have not agreed to share th members and associates of   | e above-disclosed compensati<br>my law firm.                       | on with any other person unless                                      | s they are   |  |  |  |
|        | I have agreed to share the ab<br>members or associates of my<br>the people sharing in the com                             | y law firm. A copy of the agree                                    | rith a other person or persons whement, together with a list of the  | ho are not<br>e names of   |  |  |  |
| 5.     | In return for the above-disclosed<br>a. Analysis of the debtor's fin<br>bankruptcy;                                       | fee, I have agreed to render le<br>ancial situation, and rendering | egal service for all aspects of the advice to the debtor in determin | e bankruptcy case, including:<br>ning whether to file a petition in  |  |  |  |
|        | b. Preparation and filing of a  | ny petition, schedules, stateme                                    | ents of affairs and plan which ma                                    | ay be required;  |  |  |  |
|        | c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof; |  |  |  |  |  |  |
|        |   |  | nd other contested bankruptcy r                                      |  |  |  |  |
| 6.     | By agreement with the debtor(s), t  | he above-disclosed fee does r                                      | not include the following service                                    | s:   |  |  |  |
|        |   |  |  |  |  |  |  |
|        |   | CERTIFICATI  | ION  |  |  |  |  |
| of the | certify that the foregoing is a comp<br>debtor(s) in this bankruptcy proce  | plete statement of any agreem<br>pedings.                          | ent or arrangement for paymen  | t to me for representation   |  |  |  |
|        | 9/23/2016   |  | /s/ Mike Miller  |  |  |  |  |
|        | Date  | ***************************************                            | Signature of Attorney  |  |  |  |  |
|        |   | V-84114-14-14-14-14-14-14-14-14-14-14-14-14                        | Semrad Law Firm  | VV CONTRACTOR CONTRACT |  |  |  |
|        |   | ***************************************                            | Name of law firm   |  |  |  |  |



### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

### RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

#### A. BEFORE THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

#### THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule and explain how and when the attorney's fees and the trustee's fees are determined and paid.
- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.

A.R

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6. Advise the debtor of the need to maintain appropriate insurance.

#### B. AFTER THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

#### THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.



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- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

### C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3.If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

A.R

#### D. RETAINERS AND PREVIOUS PAYMENTS

- 1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.
- The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
- Client understands that any funds that client is rendering to The Semrad Law Firm, LLC as part of the advance payment retainer shall immediately become the property of The Semrad Law Firm, LLC in exchange for a commitment by The Semrad Law Firm, LLC to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC and will be used for general expense of the firm. Client further understands that it is ordinarily the client's option to deposit funds with an attorney that shall remain client's property as security for future services. However, The Semrad Law Firm, LLC does not represent clients under such a security retainer because the preparation of a bankruptcy cases requires many disparate tasks and functions for the attorney and support staff; some of which require legal expertise while other may be only ministerial in nature. Client further understands that the benefit that client is receiving under the fee arrangement is the commitment of The Semrad Law Firm, LLC to perform any and all work reasonably necessary to represent client's interest absent any extraordinary circumstance.
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

#### E. CONDUCT AND DISCHARGE

- 1. Improper conduct by the attorney. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. Improper conduct by the debtor. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

#### F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00
- 2. In addition, the debtor will pay the filing fee in the case and other expenses of \$387.00



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| 3. | Before signing this agreement, the attorney has received, | \$350.00    |       |           |
|----|---|-------------|-------|-----------|
|    | toward the flat fee, leaving a balance due of \$3,650.00; | and \$77.00 | for   | evnencec  |
|    | leaving a balance due of \$4,037.00                       |             | 1 C/I | expenses, |

4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| Date:    | 9/23/2016  |         |                        |  |
|----------|------------|---------|------------------------|--|
| Signed:  |            | 00.00   | 0                      |  |
| /s/ Aloc | ia Rathers | Mucatol |                        |  |
|          |            |         | /s/ Mike Miller        |  |
| Debtor(s | s)         |         | Attorney for Debtor(s) |  |

Do not sign if the fee amounts at top of this page are blank.

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B 203 (12/94)

### **UNITED STATES BANKRUPTCY COURT**

|      |  | Northern District of                  | of Illinois                     |                                 |
|------|--|---------------------------------------|---------------------------------|---------------------------------|
| n re | Alocia L. Rathers  |                                       | Case No.                        |                                 |
|      | Debtor   |                                       |                                 | (If known)                      |
|      |  |                                       | Chapter                         | Chapter 13                      |
|      | DISCLOSURE OF C  | OMPENSATION (                         | OF ATTORNEY FO                  | OR DEBTOR                       |
| 1.   | Pursuant to 11 U.S.C. § 329(a) and F that compensation paid to me within a services rendered or to be rendered or is as follows: | one year before the filing of         | the petition in bankruptcy, or  | agreed to be paid to me, for    |
|      | For legal services, I have agreed to a   | accept                                |                                 | \$4,000.0                       |
|      | Prior to the filing of this statement I h  | nave received                         |                                 | \$350.0                         |
|      | Balance Due  |                                       |                                 | \$3,650.0                       |
| 2.   | The source of the compensation paid  | to me was:                            |                                 |                                 |
|      | <b>Debtor</b>  | Other (specify)                       |                                 |                                 |
| 3.   | The source of the compensation paid  | to me is:                             |                                 |                                 |
|      | <b>✓</b> Debtor  | Other (specify)                       |                                 |                                 |
| 4.   | I have not agreed to share the abmembers and associates of my l  | pove-disclosed compensation law firm. | n with any other person unles   | s they are                      |
|      | I have agreed to share the above members or associates of my law the people sharing in the compen                                | w firm. A copy of the agreen          |                                 |                                 |
| 5.   | In return for the above-disclosed fee,<br>a. Analysis of the debtor's financ<br>bankruptcy;                                      | -                                     | •                               |                                 |
|      | b. Preparation and filing of any p   | petition, schedules, statemer         | nts of affairs and plan which n | nay be required;                |
|      | c. Representation of the debtor a  | at the meeting of creditors ar        | nd confirmation hearing, and a  | any adjourned hearings thereof; |
|      | d. Representation of the debtor i  | in adversary proceedings an           | d other contested bankruptcy    | matters;                        |
| 6.   | By agreement with the debtor(s), the   | above-disclosed fee does no           | ot include the following servic | es:                             |
|      |  |                                       |                                 |                                 |
|      |  | CERTIFICATION                         | ON                              |                                 |
|      | I certify that the foregoing is a complet ne debtor(s) in this bankruptcy proceed  |                                       | ent or arrangement for payme    | ent to me for representation    |
|      | 9/23/2016  |                                       | /s/ Corey Walters               |                                 |
|      | Date   |                                       | Signature of Attorney           |                                 |
|      |  |                                       | Semrad Law Firm                 |                                 |
|      | _  | -                                     | Name of law firm                | _                               |

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### **UNITED STATES BANKRUPTCY COURT**

**Northern District of Illinois** 

| In re: | Rathers, Alocia L.                        | Case No.   |         |
|--------|---|--|---------|
|        | Debtor(s)                                 |  |         |
|        |   | Chapter. Chapter13   |         |
|        | VERIFICA                                  | ATION OF CREDITOR MATRIX   |         |
|        | The above named Debtors hereby verify the | at the attached list of creditors is true and correct to the best of their known | wledge. |
|        |   |  |         |
| Date:  | 9/23/2016                                 | /s/ Rathers, Alocia L.   |         |
|        |   | Rathers, Alocia L.   |         |
|        |   | Signature of Debtor  |         |

US DEPT OF ED/GLELSI P.O. Box 69184 c/o Taurus Al-Raheem Atlanta , GA 30353 USA

ENHANCED RECOVERY CO L 8014 BAYBERRY RD JACKSONVILLE , FL 32256 USA

TFC CREDIT PO BOX 579 SAN RAMON , CA 94583 USA

PEOPLES ENGY 200 EAST RANDOLPH CHICAGO , IL 60601 USA

IL COLL UNLT BOX 305 PEKIN , IL 61554 USA

UNIVERSITY OF PHOENIX 4615 E ELWOOD ST FL 3 PHOENIX , AZ 85040 USA

COMENITY BANK/MANDEE 995 W 122ND AVE WESTMINSTER, CO 80234 USA

ROZLIN FINANCIAL GROUP 1628 Dekalb Ave Sycamore , IL 60178 USA

City of Chicago Department of Revenue 121 North LaSalle Street Chicago , IL 60602 USA

Arnold Scott Harris 111 W. Jackson # 600 Chicago , IL 60604 USA

Illinois Tollway PO Box 5544 Chicago , IL 60680 USA

Progressive Direct P.O Box 31260 Case 16-30421 Doc 1 Filed 09/23/16 Entered 09/23/16 17:52:44 Desc Main Document Page 65 of 71

Tampa , FL 33631 USA ANDRE & DIOKNO 1043 S YORK RD #104 Bensenville , IL 60106 USA

Comcast Cable c/o Xfinity PO Box 2127 Austell , GA 30168 USA

Commonwealth Edison ATTN: Bankruptcy Department: 2100 Swift Drive Oak Brook , IL 60523 USA

Sprint Corp.
PO Box 7949 Attn: Bankruptcy Dept.
c/o Jake Rattmann
Overland Park , KS 66207
USA

Brian Wright & Associates 437 W State St Apt 101 Sycamore , IL 60178 USA

Bank of America Po Box 26078 Greensboro , NC 27420 USA

Internal Revenue Service 801 BROADWAY M/S MDP 146 c/o SONYA HARDIN Nashville , TN 37203 USA

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### UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

| In re: | Rathers, Alocia L.                      | Case No.  |
|--------|---|---|
|        | Debtor(s)                               | Case No.  |
|        |   | Chapter. Chapter13  |
|        | VERIFIC                                 | ATION OF CREDITOR MATRIX  |
|        | The above named Debtors hereby verify t | hat the attached list of creditors is true and correct to the best of their knowledge |
| Date:  | 9/23/2016                               | /s/ Rathers, Alocia L. Rathers, Alocia L. Signature of Debtor                         |

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| Deb  | otor 1                                  | Alocia<br>First Name   | L  | Rathers  | Case number (if known)  |                      |
|------|---|--|--|--|---|----------------------|
| 40   | ······                                  |  | Middle Name  | Last Name  |   |                      |
| 16.  |   | culate the median family inc   |  | . Follow these step:                                   | s:  |                      |
|      |   | . Fill in the state in which you   |  | Illinois   |   |                      |
|      |   | . Fill in the number of people in  |  | 3  | PMens   |                      |
|      | 16c.                                    | <ul> <li>Fill in the median family incor<br/>To find a list of applicable me<br/>may also be available at the l</li> </ul> | edian income amounts, go                                       | of household<br>online using the lin                   | nk specified in the separate instructions for this form. This   | \$72,429.00<br>list  |
| 17.  | Hov                                     | w do the lines compare?  |  |  |   |                      |
|      | 17a.                                    | Line 15b is less than or 6 11 U.S.C. § 1325(b)(3).   | equal to line 16c. On the top<br>Go to Part 3. Do NOT fill     | p of page 1 of this for<br>out <i>Calculation of I</i> | form, check box 1, <i>Disposable income is not determined un</i><br>Disposable Income (Official Form 122C-2).       | der                  |
|      | 17b.                                    | Line 15b is more than lin  1325(b)(3). Go to Part  your current monthly inco   | 3 and fill out Calculation                                     | of this form, check<br>of Disposable In                | c box 2, Disposable income is determined under 11 U.S.C., ncome (Official Form 122C-2). On line 39 of that form, co | §<br>opy             |
| Part | 3), (                                   | Calculate Your Commit  | ment Period Under  | 11 U.S.C. §132   | 25(b)(4)  |                      |
| 18.  | Сор                                     | y your total average monthl  | y income from line 11.   |  |   | \$1,672.02           |
| 19.  | Ded<br>com                              | luct the marital adjustment<br>milment period under 11 U.S.C   | if it applies. If you are mai<br>;, § 1325(b)(4) allows you to | rried, your spouse i                                   | is not filing with you, and you contend that calculating the<br>ir spouse's income, copy the amount from line 13.   | Q 13 0 1 2 2 2 2 2 2 |
|      |   | If the marital adjustment does   |  |  |   | -\$0.00              |
|      |   | Subtract line 19a from line  |  |  |   | \$1,672.02           |
| 20.  | Calc                                    | culate your current monthly i  | income for the year. Folio                                     | w these steps:   |   | <u> </u>             |
|      | 20a.                                    | Copy line 19b.  Multiply by 12 (the number of  | months in a year).   |  |   | \$1,672.02<br>x 12   |
|      | 20b.                                    | The result is your current mor   | nthly income for the year for                                  | r this part of the fon                                 | m.  | \$20,064.24          |
|      |   | Copy the median family incom   | ne for your state and size of                                  | household from line                                    | e 16c.  | \$72,429.00          |
| 21.  | ******                                  | do the lines compare?  |  |  |   |                      |
|      | <u>[</u> ]                              | Line 20b is less than line 20c. L<br>period is 3 years. Go to Part 4.  | Inless otherwise ordered by                                    | y the court, on the t                                  | top of page 1 of this form, check box 3, The commitment   |                      |
|      | L L                                     | Line 20b is more than or equal<br>commitment period is 5 years. G  | to line 20c. Unless otherwis<br>3o to Part 4.                  | se ordered by the o                                    | ourt, on the top of page 1 of this form, check box 4, The   |                      |
| Part | ) S                                     | ign Below  |  |  |   |                      |
|      | Ε                                       | By signing here. I declare unde  | r nenalty of nerium that the                                   | information on this                                    | statement and in any attachments is true and correct.   |                      |
|      |   | A  | A Partially or perjury that the                                | and maior on this                                      | statement and in any attachments is true and correct.   |                      |
|      |   | X /s/ Alocia Rathers   | Vorus Let  | X X  |   |                      |
|      |   | Signature of Debtor 1  |  |  | Signature of Debtor 2   |                      |
|      |   | Date 9/23/2016   |  |  | Date  |                      |
|      |   | MM/DD/YYYY   |  |  | MM/DD/YYYY  |                      |
|      | lf<br>lf                                | f you checked 17a, do NOT fill<br>f you checked 17b, fill out Form   | out or file Form 122C-2.                                       | form. On line 20 of                                    | that form, copy your current monthly income from line 14 a  |                      |
|      | • | , and the court of the   | CILB this is on our own in falls                               | TOTAL ON HIM OF O                                      | was room, copy your current monthly income from line 14 a   | bove.                |

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| 1.6. What kind of debte do you have?   10. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 10. (16) as "incurred by an individual primarily for a personal, family, or household purpose."   10. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the busin  | Debtor 1 Alocia First Name  | <u> </u>  | Rathers   | Case number (if )  | knowni  |  |
|---|---|---|---|--|---|--|
| 16. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."  16. Are your debts primarily business debts? Business debts are debts that you incurred to obtain monely for a business or investment or through the operation of the business or linestment.  17. Are your debts primarily business debts? Business debts are debts that you incurred to obtain monely for a business or investment or through the operation of the business or investment.  18. Are your debts primarily business debts? Business debts are debts that you incurred to obtain monely for a business or investment or through the operation of the business or investment.  19. No. Go to line 16.  19. Yes. Go to line 17.  16c. State the type of debts you owe that are not consumer debts or business debts.  17. Are your dilling under Chapter 7, Do you aslimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditions?  18. How many creditors of the secured property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditions?  19. How much do your sestimate that secured to be available to distribute to unsecured creditions?  19. How much do your sestimate your assets to be worth?  10. Stopped to the secured creditions of the property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditions?  10. How much do your sestimate your sested to be available to distribute to unsecured creditions?  10. How much do your sestimate your sested to be available to distribute to unsecured creditions?  10. How much do you sestimate that you self-read the property is sexulated and administrative expenses are paid that funds will be available to unsecured creditions?  10. How much do you sestimate that you self-read the property is sexulated and sexulated to   |   | Middle Name  Questions for Reporting D  | Lasi Name   |  | RELEVELY  |  |
| No. Go to line 16b.   Yes. Go to line 17c.  |   | 16a. Are your debts pri   | 'urposes  |  |   |  |
| Chapter 7?  Do you estimate that after any exempt property is excluded and administrative expenses an after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?    No.  |   | No. Go to line 1 Yes. Go to line 1 16b. Are your debts pri obtain money for a investment. No. Go to line 10 Yes. Go to line 10                              | 6b. 17. marily business de business or investm 6c.      | narily for a personal,<br>b <b>ts?</b> Business debts<br>ent or through the op | , family, or household purpose." s are debts that you incurred to peration of the business or |  |
| Do you estimate that after any exempt property is excluded and administrative expenses an paid that funds will be available to distribute to unsecured creditors?    No.  | 17. Are you filing unde   | No. Lam not filing under C  | hantar 7 Oak II. 40                                     |  |   |  |
| paid that funds will be available to distribute to unsecured creditors?    No.  |   |   |   |  |   |  |
| do you estimate that you owe?    100-199  | after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to | paid that funds will be  d \[ \sum No. \[ \sum Yes. \]  | ter 7. Do you estimate tha available to distribute to ε | tafler any exempt property   | is excluded and administrative expenses are   |  |
| do you estimate that you owe?    100-199  | 18. How many creditors  | <b>☑</b> 1-49   | T 1.000-5   | 000  | F1 05 00 1 70 00 1  |  |
| 100-199   | do you estimate that  | <b></b> 50-99   |   |  | Terretons   |  |
| 9. How much do you estimate your assets to be worth? \$50,001-\$10,000 \$50,000 \$10,000,001-\$10 million \$1,000,000,001-\$10 billion \$100,000,001-\$10 billion \$500,000,001-\$10 billion \$500,000,001-\$10 billion \$500,000,001-\$10 billion \$10,000,000,001-\$10 billion \$500,000,001-\$10 billion \$500,000,001-\$10 billion \$10,000,001-\$10 billion \$10,000,000,001-\$10 billion \$10,000,000,000,000,000,000,000,000,000,  | you owe?  | [] 100-199  |   |  | ******  |  |
| estimate your assets to be worth?    \$50,001-\$100,000   |   | 200-999   |   | ,  | indie than 100,000  |  |
| Solution   | estimate your assets  | \$50,001-\$100,000<br>\$100,001-\$500,000   | ☐ \$10,000<br>☐ \$50,000                                | ,001-\$50 million<br>,001-\$100 million  | \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion                                    |  |
| \$50,001-\$100,000   \$10,000,001-\$50 million   \$1,000,000,001-\$10 billion   \$10,000,000,001-\$10 billion   \$10,000,000,001-\$10 billion   \$10,000,000,001-\$10 billion   \$10,000,000,001-\$10 billion   \$10,000,000,001-\$50 billion   \$100,000,001-\$50 billion   \$100,000,001-\$10 billion   \$100,000,00 | D. How much do you  | \$0-\$50,000  |   |  |   |  |
| Sign Below   Stophono   Stophon  |   |   | ALMORINA.   |  |   |  |
| Sign Below  I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.  If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.  If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).  I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519 <sub>3</sub> and 3571.  **  **  **  **  **  **  **  **  **  | liabilities to be?  |   |   |  |   |  |
| I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.  If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.  If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  **  Isl Alocia Rathers  Signature of Debtor 1  Signature of Debtor 2  Executed on 9/23/2016  Executed on 5/23/2016   |   | \$500,001-\$1 million   |   |  |   |  |
| If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.  If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  **  **  **  **  **  **  **  **  **   | aire Sign Below   |   |   |  |   |  |
| If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.  If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).  I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  **  **  **  **  **  **  **  **  **  | or you  | I have examined this petition and correct.  | n, and I declare und                                    | er penalty of perjury  | that the information provided is true   |  |
| If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).  I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.  I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  **  **  **  **  **  **  **  **  **  |   | If I have chosen to file unde<br>11,12, or 13 of title 11, Unite  | er Chapter 7, I am av<br>ed States Code, I und          | are that I may now   |   |  |
| I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.   /// Alocia Rathers  Signature of Debtor 1  Executed on   |   | If no attorney represents me me fill out this document, I h   | and I did not pay or<br>ave obtained and re             | agree to pay some  | one who is not an attorney to help  |  |
| connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.   // // // // // // // // // // // // /   |   | conducaciones in accoldance   | e with the chapter of                                   | title 11. United State   | es Code charified in this matter  |  |
| Signature of Debtor 1  Executed on 9/23/2016  Executed on Executed  |   | connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |   |  |   |  |
| Executed on 9/23/2016 Executed on   |   | /S/ Alocia Rathers (  | locialit  | / <b>S</b>   |   |  |
| MM (DD /XXXX  |   |   |   | Signature of D   | Debtor 2  |  |
|   |   |   |   | Executed o   | m<br>MM / DD / YYYY   |  |

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| Fillin this    | nformation to identify your cas                                      | Θ/                          |  |   |                                    |
|----------------|--|-----------------------------|--|---|------------------------------------|
| Debtor 1       |  |                             |  |   |                                    |
| Deptor 1       | Alocia<br>First Name   | L.<br>Middle Name           | Rathers  |   |                                    |
| Debtor 2       |  | Middle Maine                | Last Name  |   |                                    |
| (Spouse, if    | filing) First Name   | Middle Name                 | Last Name  | man,  |                                    |
| United Stat    | tes Bankruptcy Court for the:  | Northern                    | District of Illinois   |   |                                    |
| Case numb      | per  |                             | (State)  |   |                                    |
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| Declar         | ration About ar  | n Individual De             | btor's Schedu  | les   | Aniar                              |
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| §§ 152, 1341,  | , 1519, and 3571.  | ni with a pankruptcy case c | an result in fines up to \$25  | ng a false statement, concealing prop<br>0,000, or imprisonment for up to 20 ye | ears, or both. 18 U.S.C.           |
| Did yo         | u pay or agree to pay some   | one who is NOT an attorney  | to help you fill out bankrur   | otcy forms?   |                                    |
| V No           |  | ·                           | The state of the s | noy lonns?  |                                    |
| I              | s. Name of person  | 1110                        | Attach Bankruptcy Petii<br>Signature (Official Form  | tion Preparer's Notice, Declaration, and<br>n 119).                             |                                    |
| ✗ /s/ Aloc     | penalty of perjury, I declare to y are true and conrect. Sia Rathers | hat I have read the summar  | y and schedules filed with   |   |                                    |
| Date 9/2<br>Mi | 23/2016<br>M/DD/YYYY   |                             | Date   | 200000  |                                    |

MM/DD/YYYY



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|                          | Alocia<br>First Name   | L. Mid   | dle Name                                      | Rathers<br>Last Name   | Case number (if known)  |
|--------------------------|--|--|---|--|---|
| 28. Wil<br>cre           | thin 2 years before y<br>ditors, or other part   | you filed for bar<br>ties.   | nkruptcy, did y                               | ou give a financial staten   | nent to anyone about your business? Include all financial institutions  |
| Z                        | No<br>Yes. Fill in the detail  | s below.   |   |  |   |
|                          |  |  |   | Date issued  |   |
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